FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporation	NECINI # INISON	J9 (5)			
LONGV	VOOD/SANFORD DEALER	GROUP, INC.		A JADJika Ada karak dalah dawa dalah daka alak dabik dalah	
Principal Place	e of Business	Mailing Address		. (Server 60, 1188) Eries avii 65(12 151) Breis eries 6(6) 6161 6161 6161 6161	
2724 HWY 17-92 2724		% DAVID RAY		3. Date Incorporated or Qualified	
		2724 HWY 17-92 LONGWOOD FL 32750		06/16/1986	
		2011011000 12 42130		4. FEI Number Applied For	
B Diania al D	loop of Business	I do Adellino Address		59-2859443 Not Applicat	ole
21 Principal Pi	lace of Business	2a. Mailing Address		Certificate of Status Desired \$8.75 Additional Security	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Fae Required 6. Election Campaign Financing \$5.00 May Be	_
22		27		Trust Fund Contribution Added to Fees	
City & State	9	City & State		7. Is this nonprofit corporation a homeowners association?	_
23 Zin	Country	28	Country	Yes No	
Zip 24	25 Country	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	9. Name and Address of Curr		301	10. Name and Address of New Registered Agent	_
			81 Name		
RAY, DAVID		82 Street	Address (P.O. Box Number is Not Acceptable)	_	
4444 HWY. 17-92			83		
LONGWO	OOD FL 32750				
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.09	502 and 617.1508, Florida Statute	s, the above-named	I corporation submits this statement for the nursage of changing its registers	d
agent la	egistered agent, or both, in the Sta m familiar with, and accept the obl	igations of, Section 617.0503, Floi	utnorized by the corp rida Statutes.	poration's board of directors. I hereby accept the appointment as registered	'
SIGNATURE			···		_
12,	Signature, typed or printed name of registered in OFFICERS A	igent and title if applicable. (NOTE IND DIRECTORS	Registered Agent signature 13.	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITLE	PD	DELETE	1.1 TITLE	Change Additi	on
NAME	HACKETT, D. KIM		1.2 NAME		
STREET ADDRESS	3219 S. HWY. 17-92		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		1.4 CITY - ST - ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Additi	on
NAME	WILLETT, SCOTT 3700 S.HWY.17-92		2.2 NAME		
STREET ADDRESS	SANFORD FL		2.3 STREET ADDRESS		
CITY-ST-ZNP TITLE	VPD VPD	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Additi	on
NAME	RUMMEL, KEN		3.2 NAME		
STREET ADDRESS	3455 ORLANDO DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4. CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE	☐ Change ☐ Additi	.on
NAME	RAY, DAVID		4. 2 NAME		
STREET ADDRESS	2724 N. HWY. 17-92		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Additi	
TITLE		C ottere	5.1 TITLE	Change C Adult	U11
NAME CTRCET ADDOCCC			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Additi	on
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
000 67 55					

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of state empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attacking with an address.

SIGNATURE:

FILED

Apr 02 1998 8:00am

Secretary of State