FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🧸

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700004043 (2)

SUNCOAST CHEVY DEALERS, INC.

FILED Mar 11 1998 8:00am Secretary of State

	•				
Principal Place of Business		Mailing Address			T 1001/101 916 19/1/ (0014 001/1 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/
2901 34TH STREET NORTH ST. PETERSBURG FL 33713		2801 34TH STREET NORTH ST. PETERSBURG FL 33713			3. Date Incorporated or Qualified 07/14/1997 4. FEI Number Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address					CT CQ 75 Additional
21		26			5. Certificate of Status Desired
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	¬ '', '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
22 City & State		City & State			Trust Fund Contribution
23		28			Yes No
Zip	Country	Zip	Country	1	This corporation owes or has pald the current year Intangible Personal Property Tex due June 30.
24	9. Name and Address of Current	29 t Registered Agent	[30]		Personal Property Tax due June 30.
	S. Hallie Bill House of Children		81	Name	
MEAGHER, MIKE			82	Street A	ddress (P.O. Box Number is Not Acceptable)
2901 34TH STREET NORTH			83	ļ	
81. PE1E	ERSBURG FL 33713				
			84	1	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the abov	e-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obliga	itions of, Section 617.0503, F	lorida Statute	s.	
SIGNATURE _	Signature, typed or printed name of registered age:	ni and title if applicable (NO	TE: Registered Ag	ent nignature r	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	MEAGHER, MIKE		1.2 NAME		
STREET ADDRESS	2901 34TH STREET NORTH			T ADDRESS	
CITY-ST-ZIP TITLE	ST. PETERSBURG FL 33713	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	Change Addition
NAME	CALLEY PARIE		2.2 NAME		
STREET ADDRESS	9751 ADAMO DRIVE			T ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		2.4 CITY-	ST-ZIP	
TITLE	ST	☐ DELETÉ	3.1 TITLE		Change Addition
NAME	ELLIOTT, BOB		3.2 NAME		
STREET ADDRESS	205 NORTH CHARLESTON AV	/ENUE		T ADDRESS	
CITY-ST-ZIP TITLE	FORT MEADE FL 33841	DELETE	3.4. CITY-	ST-ZIP	Change Addition
NAME	HOLLEY, MICHAEL		4. 2 NAME	:	
STREET ADDRESS	1025 HIGHWAY 98 SOUTH			T ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801-1787		4.4 CITY-	ST-ZIP	
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COX, J S		5.2 NAME		
STREET ADDRESS	2900 CORTEZ ROAD WEST		5.3 STREE	T ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	DELETE	5.4 CITY-	ST-ZIP	Change Addition
TITLE		☐ DECEIE	6.1 TITLE 6.2 NAME	ļ	C. Grange C. Addition
NAME OTREET ADDRESS			1	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP			E 4 CITY	et. 710	
14. I hereby c	certify that the information supplied w	in this filing does not qualify	for the exemp	otion state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or Block 12	on this annual report or supplementa director of the corporation of the fec- or Block 13 if changed, or on an attai	i annual report is true and ad liver or trustee empowered to chment with an address.	execute this	report as	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in