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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90254 007 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000004043**

1. Corporation Name

**SUNCOAST CHEVY DEALERS, INC.**

Principal Place of Business

**2901 34TH STREET NORTH  
ST. PETERSBURG FL 33713**

Mailing Address

**2901 34TH STREET NORTH  
ST. PETERSBURG FL 33713**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**07/14/1997**

4. FEI Number

**65-0793614**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MEAGHER, MIKE  
2901 34TH STREET NORTH  
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MEAGHER, MIKE**  
STREET ADDRESS **2901 34TH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **V** ☐ DELETE

NAME **GOMEZ, EDDIE**  
STREET ADDRESS **9751 ADAMO DRIVE**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **ST** ☐ DELETE

NAME **ELLIOTT, BOB**  
STREET ADDRESS **205 NORTH CHARLESTON AVENUE**  
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **D** ☐ DELETE

NAME **HOLLEY, MICHAEL**  
STREET ADDRESS **1025 HIGHWAY 98 SOUTH**  
CITY-ST-ZIP **LAKE LAND FL 33801-1787**

TITLE **D** ☐ DELETE

NAME **COX, J S**  
STREET ADDRESS **2900 CORTEZ ROAD WEST**  
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 or trustee 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 attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**941-285-8131 2-18-99**

Date

Daytime Phone #

CR2E037 (11/98)