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Mar 10 1997 8:00am
Secretary of State

'PROFIT CORPORATION
'ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P01591 (7)

1. Corporation Name
HULL CHEVROLET, INC.



Principal Place of Business Mailing Address
8725 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211
8725 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211-8112

3. Date Incorporated or Qualified 04/11/1984
3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address
21 4101 N. OCEAN BLVD 26 4101 N. OCEAN BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 D 1509 27 D 1509
City & State City & State
23 BOCA RATON, FL 28 BOCA RATON, FL
Zip Country Zip Country
24 33431 25 33431 29 33431 30

4. FEI Number 48-0772068
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HULL, STEPHEN L.
8725 ARLINGTON EXPWY
JACKSONVILLE FL 32211

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, STEPHEN L.	1.2 NAME	
STREET ADDRESS	8725 ARLINGTON EXPRSWAY	1.3 STREET ADDRESS	4101 N. OCEAN BLVD # D 1509
CITY - ST - ZIP	JACKSONVILLE FL 32211	1.4 CITY - ST - ZIP	BOCA RATON, FL. 33431
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, PIERRE	2.2 NAME	as of 3/1/97:
STREET ADDRESS	8725 ARLINGTON EXPRSWAY	2.3 STREET ADDRESS	707 Oricle Circle
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	BOCA RATON, FL. 33431
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON, THOMAS	3.2 NAME	
STREET ADDRESS	8725 ARLINGTON EXPRSWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32211	3.4 CITY - ST - ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, FRANCIS X	4.2 NAME	
STREET ADDRESS	8725 ARLINGTON EXPRESSWAY	4.3 STREET ADDRESS	4322 BLUE HERON DR
CITY - ST - ZIP	JACKSONVILLE FL 32211	4.4 CITY - ST - ZIP	POINTE VEDRA BEACH, FL 32682
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	200002108492
CITY - ST - ZIP		5.4 CITY - ST - ZIP	-03/10/97--01081--031
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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. 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/10/97 Daytime Phone 904-285-5811

CR2E037 (9/96)