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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P19535** **(4)**

1. Corporation Name
BILL SHULTZ CHEVROLET, INC.

Principal Place of Business	Mailing Address
4200 SOUTH US 1 FT. PIERCE FL 34982	4200 SOUTH US 1 FT. PIERCE FL 34982-6904

3. Date Incorporated or Qualified: **06/06/1988**
3a. Date of Last Report: **02/28/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: **P. O. BOX 4322**
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: **FORT PIERCE, FL**
Zip — 24: Country — 25:
Zip — 29: **34948-4322** Country — 30:

4. FEI Number: **59-1313641** ☐ 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

SHULTZ, W.N.
4200 S. U.S. #1
FT. PIERCE FL 34982

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (Signature and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	CM	☒ Change ☐ Addition
NAME	SHULTZ, W.N.		1.2 NAME	SHULTZ, W.N.	
STREET ADDRESS	1506 THUMB POINT DRIVE		1.3 STREET ADDRESS	1506 THUMB POINT DRIVE	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SHULTZ, RONALD S.		2.2 NAME	SHULTZ, RONALD S.	
STREET ADDRESS	4024 GREENWOOD DRIVE		2.3 STREET ADDRESS	4024 GREENWOOD DRIVE	
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	ST	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	CLEMENS, R.R.		3.2 NAME	SHULTZ, JEFFERY D.	
STREET ADDRESS	474 VERADA AVENUE SE		3.3 STREET ADDRESS	822 S.E. CARNIVAL	
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34983	
TITLE	D	☐ DELETE	4.1 TITLE	STD	☐ Change ☒ Addition
NAME	SHULTZ, MARY L.		4.2 NAME	SHULTZ, WILLIAM E.	
STREET ADDRESS	1506 THUMB POINT DRIVE		4.3 STREET ADDRESS	3731 WILD ORCHID LANE	
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP	FORT PIERCE, FL 34981	
TITLE		☐ DELETE	5.1 TITLE	AST	☐ Change ☒ Addition
NAME			5.2 NAME	FRANCIS, LISA A.	
STREET ADDRESS			5.3 STREET ADDRESS	2906 SHERWOOD LANE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. N. SHULTZ 3/14/97 (561)461-4800,114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0469622