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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20540

(1)

BRANDON DODGE, INC.

SIGNATURE:

Principal Place of Business Mailing Address PO BOX 76037 9815 CURRIE DAVIS DR. TAMPA FL 33675-1037 TAMPA FL 33619-2652 3. Date Incorporated or Qualified 3a. Date of Last Report 08/18/1988 01/23/1996 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-2938843 Not Applicable 21 26 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Ζιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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. (NOTE Registered Agent signature required when reinstating Signature, typed or printed name of regish red agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE WOODS, SANFORD L. 1.2 NAME NAME 9815 CURRIER DAVIS DR. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE STD ZOSS, SHARON R. 2.2 NAME NAME 9815 CURRIE DAVIS DR. 2.3 STREET ADDRESS STREET ADORESS TAMPA FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETÉ 3.1 TITLE BILLE WOODS, VERNA M 3.2 NAME NAME 9815 CURRIE DAVIS DR **33 STREET ADDRESS** STREET ADDRESS TAMPA FL 34. CITY-ST-ZIP CITY-ST-ZIF DELETE Change ___ Addition 4.1 TITLE Title 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZiP DELETE Channe Addition 5.1 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing/foes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual repert or supplymental 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 accessor in Block 12 or Block 13 if changed are on an attractment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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