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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 # **P30913** **(8)**

1. Corporation Name
GATOR FORD TRUCK SALES, INC.

Principal Place of Business	*Mailing Address*
P O BOX 16379 TAMPA FL 33687	P O BOX 16379 TAMPA FL 33687-6379

3. Date Incorporated or Qualified: **09/11/1990**
3a. Date of Last Report: **03/12/1996**

2. Principal Place of Business
21 7528 U.S Hwy 301 N.
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip 24 33687 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3026161** ☐ 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CV	☒ DELETE	1.1 TITLE	S|T	☐ Change ☒ Addition
NAME	GROSS, T.J.		1.2 NAME	Tallman, Kathy L.	
STREET ADDRESS	16800 EXECUTIVE PLAZA DRIVE		1.3 STREET ADDRESS	7528 Hwy. 301 N.	
CITY-ST-ZIP	DEARBORN MI		1.4 CITY-ST-ZIP	Tampa, FL	
TITLE	VE	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	RUTHERFORD, R.L.		2.2 NAME	Wiggins, Terry O.	
STREET ADDRESS	16800 EXECUTIVE PLAZA DRIVE		2.3 STREET ADDRESS	16800 Executive Plaza Drive	
CITY-ST-ZIP	DEARBORN MI		2.4 CITY-ST-ZIP	Dearborn, MI	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MATTINGLY, R. C.		3.2 NAME		
STREET ADDRESS	16800 EXECUTIVE PLAZA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEARBORN MI		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KILCOYNE, D. F.		4.2 NAME		
STREET ADDRESS	7528 HWY 301, N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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: Kathy L. Tallman Ltl Secretary 3/19/97 813-980-3673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHY L. TALLMAN

0971289