## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000013274 (5)

## RICK'S AUTOMOTIVE OF GAINESVILLE, INC.

Principal Place of Business Mailing Address 1405 NW 53RD AVE 1405 NW 53RD AVE **GAINESVILLE FL 32606** GAINESVILLE FL 32653-2204 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1992 03/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-3163094 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country  $Z_{10}$ 6. This corporation has liability for intangible tax under s. 199.032, **⊠**Yes □ No 24 30 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHARDS, PHILLIP S III 1405 NW 53RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32606 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 Fig. da. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and albert yie objection 607.0505, Florida Statutes. <u> ヘスブ・タク</u> SIGNATURE egistered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change RICHARDS, PHILLIP S III NAME 1.2 NAME 1405 NW 53RD AVE STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL 32606 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition THILE 2.1 TITLE Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 3.4 CITY-ST-ZIP DELETE Change Addition TILLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZIF 4.4 CITY-ST-ZIP DELETE Change Addition THILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 7/2 5.4 CITY - ST - ZIP DELETE Addition THE 6.1 TITLE Change

6.2 NAME

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

appears in Block 12 or Block

NAME

STREET ADDRESS

CITY-S1-ZIP

FILED

Feb 03 1997 8:00am

Secretary of State

(96/6)