

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000015162 (0)

1. Corporation Name

NORTHEAST AUTO SALES OF TAMPA BAY, INC.



Principal Place of Business

2250 CENTRAL AVENUE
ST PETERSBURG FL 33712
US

Mailing Address

2250 CENTRAL AVENUE
ST PETERSBURG FL 33712
US

3. Date Incorporated or Qualified

12/24/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 2125 First Avenue So.

2a. Mailing Address

26 2125 First Ave. So.

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

23 St Petersburg FL

City & State

28 St Petersburg FL

Zip

24 33712

Country

25 USA

Zip

29 33712

Country

30 USA

4. FEI Number

59-3160931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

STUFFLEBEAM, MICHAEL W
6801 GEORGE M. LYNCH DR
ST PETERSBURG FL 33702

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 607.1502, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Type or printed name of registered agent and then applicable)

(If Other Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME SMITH, JOHN H
STREET ADDRESS 115 15TH AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ DELETE

O
NAME SMITH, SYLVIA N
STREET ADDRESS 115 15TH AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sylvia N. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

813 822-6634

Date

Signature Phone #

CR2E034 (12/95)