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Feb 18, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021889

1. Corporation Name

MILTON DODGE, CHRYSLER, PLYMOUTH, JEEP, INC.

Principal Place of Business

6348 HWY 90 W
P.O. BOX 820
MILTON FL 32570
US

Mailing Address

6348 HWY 90 W
P.O. BOX 820
MILTON FL 32570
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/24/1993

4. FEI Number

59-3174310

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 owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DONALD R. PADGET
6348 HWY 90 W
MILTON FL 32570

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PADGET, DONALD R.

STREET ADDRESS 6348 HWY 90 W

CITY-ST-ZIP MILTON FL

TITLE VD ☐ DELETE

NAME LOCKWOOD DAVID A.

STREET ADDRESS 6348 W HWY 90

CITY-ST-ZIP MILTON FL

TITLE TD ☐ DELETE

NAME PADGET CAROL L.

STREET ADDRESS 6348 W HWY 90

CITY-ST-ZIP MILTON FL

TITLE VD ☐ DELETE

NAME LOCKWOOD LEONARD A.

STREET ADDRESS 6348 W. HWY 90

CITY-ST-ZIP MILTON FL

TITLE D ☐ DELETE

NAME LOCKWOOD JOAN N.

STREET ADDRESS 6348 W HWY 90

CITY-ST-ZIP MILTON FL

TITLE S ☐ DELETE

NAME BROWN, JEANNE J

STREET ADDRESS 6348 W HWY 90

CITY-ST-ZIP MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Jeanne J. Brown

1/25/99 (850)623-6866