

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000018064 (3)**

1. Corporation Name

TALLAHASSEE CHRYSLER-PLYMOUTH, INC.

Principal Place of Business

**2415 WEST TENNESSEE STREET
TALLAHASSEE FL 32304
US**

Mailing Address

**243 N. MAGNOLIA DRIVE
TALLAHASSEE FL 32301-2664
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

59-3230547

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY
20 NORTH ORANGE AVE
STE #1000
ORLANDO FL 32801**

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 ☐ DELETE
NAME **DV MEALEY, DONALD C**
STREET ADDRESS **350 S. LAKE DESTINY DR., STE. 200**
CITY - ST - ZIP **ORLANDO FL 32810**

TITLE ☒ DELETE
NAME **DV SERRA, ALBERT M**
STREET ADDRESS **3118 EAST HILL RD.**
CITY - ST - ZIP **GRAND BLANC MI 48439**

TITLE ☐ DELETE
NAME **DP HIGGINBOTHAM, RICHARD L**
STREET ADDRESS **243 NORTH MAGNOLIA DR.**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE
NAME **S PEACOCK, WARMER W**
STREET ADDRESS **350 S. LAKE DESTINY DRIVE**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **T LIMPIN, JOHN G**
STREET ADDRESS **243 N. MAGNOLIA DRIVE**
CITY - ST - ZIP **TALLAHASSEE FL 32301-2664**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE:

John G. Limpin Treas

4/17/98 850-877-1171

CP2E034 (10/97)