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Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000020972 (3)

1. Corporation Name  
TALLAHASSEE AUTOMOTIVE GROUP, INC.



Principal Place of Business  
350 S. LAKE DESTINY DR.  
SUITE 200  
ORLANDO FL 32810

Mailing Address  
350 S. LAKE DESTINY DR.  
SUITE 200  
ORLANDO FL 32810-6225

3. Date Incorporated or Qualified  
03/17/1994

3a. Date of Last Report  
04/12/1996

4. FEI Number  
59-3280286

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

9. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY  
201 E. PINE ST.  
SUITE 701  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
20 N. Orange Ave.  
83 Suite 1000  
84 City  
Orlando  
85 Zip Code  
FL 32801-4626

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	S
NAME	MEALEY, DONALD C	1.2 NAME	W. Warner Peacock
STREET ADDRESS	350 S. LAKE DESTINY DR., STE. 200	1.3 STREET ADDRESS	350 S. Lake Destiny Dr. #200
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	D	2.1 TITLE	
NAME	SERRA, ALBERT M	2.2 NAME	
STREET ADDRESS	3118 EAST HILL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND BLANC MI 48439	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HIGGINBOTHAM, RICHARD L	3.2 NAME	
STREET ADDRESS	243 NORTH MAGNOLIA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 (changed, or on an attachment with an address).

SIGNATURE: \_\_\_\_\_ W. Warner Peacock, Sec'y 407-660-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)