


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90013 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000021474 1. Corporation Name SATURN OF TALLAHASSEE, INC.		
Principal Place of Business 2412 W. TENNESSEE ST TALLAHASSEE FL 32304 US		Mailing Address 2412 W TENNESSEE ST TALLAHASSEE FL 32304 US



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/21/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3245577	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32115-2491				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RITCHEY, GLENN S			1.2 NAME			
STREET ADDRESS	551 N. NOVA RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, JON			2.2 NAME			
STREET ADDRESS	551 N. NOVA RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERBOUSEK, TED			3.2 NAME			
STREET ADDRESS	551 N. NOVA RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DARLINGTON, DICK			4.2 NAME			
STREET ADDRESS	551 N NOVA RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:  SIGNATURE REQUIRED 7/1/99 8505740034

CR2E034 (5/99)

Saturn of Tallahassee

2412 West Tennessee Street
Tallahassee, Florida 32304
(850) 574-0234
Fax: (850) 580-3110

593828-90013-34
P94000021474



To: Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

July 16, 1999

Attn: The Annual Reports Section

Please except this letter on behalf of Saturn of Tallahassee with the intent to inform you that we never received our first notice.


Tina ML Harding
Office Manager