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Jun 03 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 # P94000049812 (8)

1. Corporation Name

DEALERS OUTLET INC.

Principal Place of Business
289 PONDELLA ROAD
NORTH FORT MYERS FL 33903

Mailing Address
289 PONDELLA ROAD
NORTH FORT MYERS FL 33903-3815



2. Principal Place of Business
21 Dealers Outlet Inc.

2a. Mailing Address
26 4820 Bayline Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4820 Bayline Dr

27

City & State
23 N Fort Myers FL

City & State
28 N Fort Myers FL

Zip Country
24 33917 25 usa

Zip Country
29 33917 30 USA

3. Date Incorporated or Qualified
06/30/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0506925

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAFER, JACKIE L
289 PONDELLA ROAD
NORTH FORT MYERS FL 33903

81 Name
Dealers Outlet Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

83 4820 Bayline Dr.

84 City
N. Fort Myers

FL 85 Zip Code
33917

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 JACKIE L. SHAFER

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

PRP Registered Agent signature required when reappointing

DATE

5-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS SHAFER, JACKIE L
CITY-ST-ZIP 121 HOLLAND STREET
NORTH FORT MYERS FL 33917

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS SHAFER, CAROL A
CITY-ST-ZIP 121 HOLLAND STREET
NORTH FORT MYERS FL 33917

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 recorder 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 of registered agent

941
5-29-97
289-4711

CR2E034 (9/96)