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FILED

May 09 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 # P94000055323 (7)

1. Corporation Name  
CAR COUNTRY, INC.



Principal Place of Business

4352 EL JOBEAN ROAD  
SUITE A  
PORT CHARLOTTE FL 33953-5958

Mailing Address

P.O. BOX 27025  
EL JOBEAN FL 33927-7025

3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

10/01/1996

2. Principal Place of Business

21 4352 El Jobean Rd.

2a. Mailing Address

26 4352 El Jobean Rd.

Suite, Apt. #, etc.

22 Suite A

Suite, Apt. #, etc.

27 Suite A

City & State

23 Port Charlotte, FL

City & State

28 Port Charlotte, FL

Zip

24 33953

Country

25 Charlotte

Zip

29 33953

Country

30 Charlotte

9. Name and Address of Current Registered Agent

JACKMAN, THERESA E  
3300 PENNYROYAL ROAD  
PORT CHARLOTTE FL 33953

4. FEI Number

65-0511773

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

10. Name and Address of New Registered Agent

81 Name

Rick Hoffman

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

16451 Palm Hammock Ct.

83

84 City

Port Charlotte

FL

85 Zip Code

33953

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: Rick Hoffman Rick Hoffman Pres.

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSV ☒ DELETE

NAME JACKMAN, RALPH E  
STREET ADDRESS 3300 PENNYROYAL RD.  
CITY - ST - ZIP PORT CHARLOTTE FL 33953

TITLE DCM ☒ DELETE

NAME JACKMAN, RALPH E  
STREET ADDRESS 3300 PENNYROYAL RD.  
CITY - ST - ZIP PORT CHARLOTTE FL 33953

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Rick D. Hoffman  
1.3 STREET ADDRESS 16451 Palm Hammock Ct.  
1.4 CITY - ST - ZIP Punta Gorda, FL 33982

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Charles Ruple  
2.3 STREET ADDRESS 1442 Grebe Dr.  
2.4 CITY - ST - ZIP Punta Gorda, FL 33950

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 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 if changed, or on an attachment with an address.

SIGNATURE: Rick Hoffman Rick Hoffman

4/30/97 (941) 627-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)