

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90324 022 ***158.75

DOCUMENT # P94000092763

1. Corporation Name
SARASOTA 500, INC.

Principal Place of Business
707 S. WASHINGTON BLVD.
SARASOTA FL 34236

Mailing Address
707 S. WASHINGTON BLVD.
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1995

4. FEI Number
59-3284823

5. Certificate of Status Desired ☒ ~~Not Applicable~~ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDELL, J M
233 E. BAY ST.
SUITE 620
JACKSONVILLE FL 32202

81 Name John Tosch
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Sarasota Ford
83 707 S. Washington Blvd.
84 City Sarasota FL 85 Zip Code 34236

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

4-12-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BUCHANAN, VERNON G
STREET ADDRESS 707 S WASHINGTON BLVD
CITY-ST-ZIP SARASOTA FL 34236

1.1 TITLE ☒ Change Addition
1.2 NAME Buchanan, Vernon G
1.3 STREET ADDRESS 707 S. Washington Blvd
1.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE VP ☐ DELETE
NAME PARISI, ERNIE
STREET ADDRESS 707 S. WASHINGTON BLVD
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Parisi, Ernie
2.3 STREET ADDRESS 707 S. Washington Blvd.
2.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Rosa, Salvatore
3.3 STREET ADDRESS 707 S. Washington Blvd.
3.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Tosch, John
4.3 STREET ADDRESS 707 S. Washington Blvd.
4.4 CITY-ST-ZIP Sarasota, FL 34236

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 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, with all other like empowered.

SIGNATURE: Salvatore Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

03/30/99 366-5230

Date

Daytime Phone #

CR2E034 (1/98)