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FILED

May 23 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 # P95000011666 (1)

1. Corporation Name

DODGE OF WINTER PARK, INC.

Principal Place of Business

1050 N. ORLANDO AVE
WINTER PARK FL 32789

Mailing Address

P.O. BOX 1720
WINTER PARK FL 32780-1720



2. Principal Place of Business

21 500 Park Avenue South

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Winter Park, FL

Zip

24 32789

Country

25 Orange

2a. Mailing Address

26 500 Park Avenue South

Suite, Apt. #, etc.

27 Suite 202

City & State

28 Winter Park, FL

Zip

29 32789

Country

30 Orange

3. Date Incorporated or Qualified

02/10/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3298243

Applied For

Not Applicable

6. 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

EVORA, ORLANDO L
390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Pamela O. Price

82

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

201 E. Pine Street

83

Suite 1200

84

City

Orlando

FL

85 Zip Code

32802

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 of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOLLER, ROGER W JR
STREET ADDRESS 500 S PARK AVE SUITE 202
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ DELETE

NAME HOLLER, JULIETTE A
STREET ADDRESS 500 S PARK AVE SUITE 202
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME HOLLER, ROGER W III
STREET ADDRESS 500 S PARK AVE SUITE 202
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME HOLLER, CHRISTOPHER A
STREET ADDRESS 500 S PARK AVE SUITE 202
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME HOLLER, JULIETTE E
STREET ADDRESS 500 S PARK AVE SUITE 202
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☐ Addition

1.2 NAME Holler, Roger W. Jr.
1.3 STREET ADDRESS 500 Park Avenue South, Suite 202
1.4 CITY-ST-ZIP Winter Park FL 32789

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/D ☒ Change ☐ Addition

3.2 NAME Holler, Roger W. III
3.3 STREET ADDRESS 500 Park Avenue South, Suite 202
3.4 CITY-ST-ZIP Winter Park, FL 32789

4.1 TITLE V/D ☒ Change ☐ Addition

4.2 NAME Holler, Christopher A.
4.3 STREET ADDRESS 500 Park Avenue South, Suite 202
4.4 CITY-ST-ZIP Winter Park, FL 32789

5.1 TITLE V/T/D ☒ Change ☐ Addition

5.2 NAME Holler, Juliette E.
5.3 STREET ADDRESS 500 Park Avenue South, Suite 202
5.4 CITY-ST-ZIP Winter Park, FL 32789

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROGER W. HOLLER, JR., PRESIDENT

Date

4/23/97

Daytime Phone

407-645-6131

0076261

CR2E034 (9/96)