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CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000015713 (7)

CASKEY AUTO BROKERS, INC.

Principal Place of Business Mailing Address 2500 DAVIS BLVD. 2595 TARPON RD NAPLES FL 33962 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>02/27/1995</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0567075 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Ziρ Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASKEY JR, JOHN W 2595 TARPON RD Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34102 83 84 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CASKEY, JOHN W NAME 1.2 NAME 1334 CHESAPEAKE AVENUE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 THLE Change Addition NAME CASKEY, JOHN W JR. 2.2 NAME STREET ADDRESS 2959 TARPON ROAD 23 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 it chapter for on an attack mon, with an address.

FILED May 05 1998 8:00am Secretary of State

