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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023249 (2)

ROONEY AUTO SALES, INC. Principal Place of Business Mailing Address 18E SOUTH BERMUDA AVE 18E SOUTH BERMUDA AVE KISSIMMEE FL 34741 KISSIMMEE FL 34741 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1995 04/25/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For CENTRALAN 59-3324707 1001 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be KISSIM 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🗌 Yes 🔑 No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROONEY, JAMES O 18E SOUTH BERMUDA AVE 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 83 84 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 NOTE. Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6 D DELETE 1.1 TITLE ☐ Change ☐ Addition THUE ROONEY, JAMES O 1.2 NAME NAME 18E SOUTH BERMUDA AVE STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34741 1.4 CITY-ST-ZIP CHY-S1-70 D DELETE Change Addition TITLE 2.1 TITLE ROONEY, JOLAN S NAME 2.2 NAME 18E SOUTH BERMUDA AVE 2.3 STREET ADDRESS STREET A HORESS KISSIMMEE FL 34741 2.4 CITY-ST-ZIP CITY-SI DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CHY-ST 20 ___ Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STESS LADORESS 4.4 CITY - ST - ZIP CITY - ST--ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST-ZIP DELETE Addition 6.1 TITLE THUE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZiP 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 eath; 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

SIGNATURE

ANTURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR SECTION

appears in Block 12 or Block 13 if changed, or on an attachment with an address

Dayline Phone N

FILED

May 08 1997 8:00am

Secretary of State

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