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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000066993			
1. Corporation Name B & B AUTO SALES OF POLK COUNTY, INC.			
Principal Place of Business 2910 LAKE ALFRED ROAD WINTER HAVEN FL 33881		Mailing Address 2910 LAKE ALFRED ROAD WINTER HAVEN FL 33881	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURTON, DAVID L 2910 LAKE ALFRED ROAD WINTER HAVEN FL 33881		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BURTON, DAVID L	1.2 NAME	
STREET ADDRESS	2910 LAKE ALFRED ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BURTON, DAVID W	2.2 NAME	
STREET ADDRESS	2910 LAKE ALFRED ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

*David L Burton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Date

(941) 295-9914

Daytime Phone #

CR2E034 (1/198)