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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000083927 (0)

SUNCOAST MOTOR CENTER, INC.

Principal Place of Business Mailing Address 8755 PARK BLVD. 8755 PARK BLVD. SEMINOLE FL 34647 SEMINOLE FL 34647 2 Date Incorporated or Qualified 3. Date of Last Report

| | | | | | | 11/01/1995 | | | |
|--|-----------------------------|--|---------------------|--|---|---|--------------------------------|--------------------------------|--|
| 2. Principal Pia | uce of Business | 2a. Mailing Addre | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| <u>z.</u> 1711104011710 | Or Era sirious | 26 | | | 59-3345 | | | Not Applicable | |
| Sute, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| 22 | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Zip | Country | Ζ ₁ ρ | Cou 30 | intry | | This corporation has liability for Florida Statutes | intangible No | tax under s. 199.032, | |
| 9 Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| | g. Hanne and Address of Co. | To the same of the | | 81 | Name | | | | |
| BOGGS, E. JACKSON 501 E. KENNEDY BLVD. | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 1700 | | | | | | | | | |
| TAMPA | FL 33602 | | | 84 | City | · | F | L 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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| S'GNATURE _ | signatore, type-flor printed name of registered agent and to- | ∘itapptcable (NO | It Registered Agent signature required | | 10.40 |
|----------------|---|------------------|--|--|-------------|
| 12. | OFFICERS AND DIR | ECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| THE | D | DELETE | 1 1 THTLE | Change [| Addition [|
| NAMÉ | SCHMIDT, WAYNE F | | 1.2 NAME | | |
| STHEE ACORESS | 8755 PARK BLVD. | | 1.3 STREET ADDRESS | | |
| CHY-ST ZIP | SEMINOLE FL 34647 | | 1.4 CITY - ST - ZIP | | 7 4440 |
| TILLE | D | ☐ DELETE | 2 1 TITLE | Change [| Addition |
| NAME | SCHMIDT, WAYNE F JR. | | 22 NAME | | |
| SUBELL ADDRESS | 8755 PARK BLVD. | | 2.3 STREET ADDRESS | | |
| 005-81-ZP | SEMINOLE FL 34647 | | 2 4 CITY - ST - 7IP | | - Iddition |
| 1tf, f | D | DELETE | 3 1 TITLE | Change [| Addition |
| NAMI | SCHMIDT, PHILIP A | | 3 2 NAME | | |
| STREYT ADDRESS | 8755 PARK BLVD. | | 3.3 STREET ADDRESS | | |
| CITY S 7P | SEMINOLE FL 34647 | | 3 4 CITY - ST - ZIP | | - Ladition |
| 1H.f | | ☐ DETE JE | 4 1 TITLE | Change [| Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4 3 STREET ADDRESS | | |
| OTY - S.C- Z.P | | | 4.4 CITY+ST-ZIP | | P. Baddison |
| list | | DELFTE | 5 1 TITLE | Change [| Addition |
| NAM: | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| (Hr-\$1-70) | | | 5.4 CHY+ST-ZIP | | <u> </u> |
| TITLE | 1 | ☐ DELETE | 6. 1 TITLE | ☐ Change | Addition |
| NAMe: | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | |
| CHY-S1 Zith | | | 64 CITY - ST - ZIP | for the exemption stated in Section 119.07(3)(k), Florida Statutes | 14.45 |

14. Los hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Honderstatutes, I furner 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 prustee 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:

813-393-4621