

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000005893**

1. Corporation Name  
**Hurt + Whittemore ENT. INC.**  
**D/O/A Savin Auto Sales**

Principal Place of Business  
**2730 westgate Ave**  
**W.P.B., FL 33409**

Mailing Address  
**same**

3. Date Incorporated or Qualified  
**1-19-96**

3a. Date of Last Report  
**FIRST RPT**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0714030</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent

**Kirby Lee Whittemore**  
**441 Flotilla Rd.**  
**N. Palm Beach, FL 33408**

10. Name and Address of New Registered Agent

81. Name  
**JACQUELINE Marie Hurt**

82. Street Address (P.O. Box Number Is Not Acceptable)  
**437 Ebbtide Dr.**

83. City  
**N. Palm Beach FL**

84. Zip Code  
**33408**

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 **Jacqueline M. Hurt** **4-29-97**  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRCS</b>	1.1 TITLE	<b>PRCS</b>
NAME	<b>Jeffrey Clayton Hurt</b>	1.2 NAME	<b>Don whittemore</b>
STREET ADDRESS	<b>441 Flotilla Rd.</b>	1.3 STREET ADDRESS	<b>919 S. 16 ST.</b>
CITY-ST-ZIP	<b>N Palm Beach, FL 33408</b>	1.4 CITY-ST-ZIP	<b>Wilmington, NC 28401</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>VP</b>
NAME	<b>Kirby Lee Whittemore</b>	2.2 NAME	<b>Jacqueline Marie Hurt</b>
STREET ADDRESS	<b>441 Flotilla Rd.</b>	2.3 STREET ADDRESS	<b>437 Ebbtide Dr.</b>
CITY-ST-ZIP	<b>N. Palm Beach, FL 33408</b>	2.4 CITY-ST-ZIP	<b>N.P.B., FL 33408</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>600002207236</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-06/10/97--01035--026</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***165.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>PE</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>6.2</b>
CITY-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 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: **Jacqueline M. Hurt** **4-29-97** **(561)687-5655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)