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Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015362 (2)

1. Corporation Name
CEDAR RIVER AUTO SALES, INC.



Principal Place of Business
3040 SOUTH PINE STREET
OCALA FL 34471

Mailing Address
3040 SOUTH PINE STREET
OCALA FL 34471-6622

3. Date Incorporated or Qualified 02/15/1996
3a. Date of Last Report

2. Principal Place of Business
21 1119 S. PINE AVENUE
Suite, Apt. #, etc.

2a. Mailing Address
26 1119 S. PINE AVENUE
Suite, Apt. #, etc.

4. FEI Number 59-3302761
Applied For
Not Applicable

22 City & State
23 Ocala FL

27 City & State
28 Ocala, FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

24 Zip 34471
25 Country

29 Zip 34471
30 Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GIRARD, GRANT
2850 S.W. 38TH AVENUE #2
OCALA FL 34474

10. Name and Address of New Registered Agent
81 Name JOSEPH W MEWBORN JR
82 Street Address (P.O. Box Number is Not Acceptable)
83 Route 3 Box 0666
84 City Williston FL 85 Zip Code 32696

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent to 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]*
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME GIRARD, GRANT
STREET ADDRESS 2850 S.W. 38TH AVENUE #2
CITY-ST-ZIP Ocala FL 34474
☒ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
1.1 TITLE PRESIDENT
1.2 NAME JOSEPH W MEWBORN JR
1.3 STREET ADDRESS Route 3 Box 0666
1.4 CITY-ST-ZIP Williston FL 32696
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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; that I am a shareholder or a person who is authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13, if applicable, or as an authorized agent.

CR2E034 (9/96)