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Jan 30 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 # P96000021306 (1)

1. Corporation Name

AUTODEPOT-A COGGIN COMPANY

Principal Place of Business

7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

Mailing Address

P.O. BOX 16469
JACKSONVILLE FL 32245-6469



3. Date Incorporated or Qualified

03/06/1986

3a. Date of Last Report

2. Principal Place of Business

21 4306 Pablo Oaks Ct

Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32224

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3372271

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

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

COGGIN, LUTHER
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4306 Pablo Oaks Court

83

84 City

Jacksonville

FL

85 Zip Code

32224

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

TITLE D
NAME COGGIN, LUTHER
STREET ADDRESS 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D
NAME TOMM, CHARLIE (C.B.)
STREET ADDRESS 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D
NAME NOBLE, NANCY D
STREET ADDRESS 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D
1.2 NAME
1.3 STREET ADDRESS 4306 Pablo Oaks Court
1.4 CITY-ST-ZIP Jacksonville FL 32224

2.1 TITLE V D
2.2 NAME
2.3 STREET ADDRESS 4306 Pablo Oaks Court
2.4 CITY-ST-ZIP Jacksonville FL 32224

3.1 TITLE V D
3.2 NAME
3.3 STREET ADDRESS 4306 Pablo Oaks Court
3.4 CITY-ST-ZIP Jacksonville FL 32224

4.1 TITLE S
4.2 NAME Wilma S. Gallagher
4.3 STREET ADDRESS 4306 Pablo Oaks Court
4.4 CITY-ST-ZIP Jacksonville FL 32224

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 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:

Wilma S. Gallagher Sec.

1-10-97 904-992-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)