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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000023839 (9)**1. Corporation Name

FIRST COAST AUTO SALES OF REGENCY, INC.

Principal Place of Business Mailing Address 8422 ATLANTIC BLVD 3552 W BEAVER ST JACKSONVILLE FL 32211 JACKSONVILLE FL 32254-3712 3. Date incorporated or Qualified 3a. Date of Last Report 03/08/1996 2a. Mailing Address 4. FEI Numbe 2. Principal Place of Business Applied For 3366 160 Not Applicable 21 26 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROBISON, MARY A Name 1 INDEPENDENT DR Street Address (P.O. Box Number is Not Acceptable) **SUITE 2600** JACKSONVILLE FL 32202 83 84 City 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 Stip after, type dioxiper terainment registered agent and title. Lapphoable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ___ DELETE Change Addition 1.1 TITLE THUE MASON, ROY F NAME 1.2 NAME 3552 W BEAVER ST STIFFE F ALTORESS 1.3 STREET ADDRESS JACKSONVILLE FL 32254 1.4 CITY - \$1 - ZIP CHY-ST-7P Change ___ Addition DELETE 10"14 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHY-SI-7IP DELETE Addition Change 3.1 TITLE 111.€ 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 011Y - 51 - 713 34. CITY-ST-ZIP Addition DELETE Change THE 41 TITLE 4. 2 NAME NAMi STREET ADDRESS 4.3 STREET ADDRESS CHY-ST 201 4.4 CITY-ST-ZIP DELETE Change Addition THUE 5.1 TITLE NAMI 5.2 NAME **5.3 STREET ADDRESS** STREET ACURESS

54 CITY-ST-ZIP

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

14. I do hereby certly 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

DELETE

SIGNATURE:

information indicated on this an Lam an officer or director of the appears in Black 12 or Block 13

Citi-St-ZP

STREET ADDRESS

THEF

NAV-

null 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 depretation of the indicate of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is changed of or Art attachment with an address.

What is a property of the indicate of the indicate

Change

Addition

96/6)

FILED

Apr 30 1997 8:00am

Secretary of State