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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000050876 (7)

1. Corporation Name

SUTHERLIN NISSAN OF BRANDON, INC.

Principal Place of Business

Mailing Address

9920 ADAMO DRIVE
TAMPA FL 33619

C/O J. BOB HUMPHRIES, ESQUIRE
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602-4968

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified

06/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, J B
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

81 Name

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

83

84 City

FL

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SUTHERLIN, GEORGE A
STREET ADDRESS 925 COBB PARKWAY
CITY-ST-ZIP MARIETTA GA 30062

1.1 TITLE D/P/TS
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME JOHANSEN, LELAND D JR
STREET ADDRESS 8501 US HIGHWAY 19 NORTH
CITY-ST-ZIP PINELLAS PARK FL 34685

2.1 TITLE D/P/TS
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE AS
3.2 NAME Hines, John P
3.3 STREET ADDRESS 1800 Peachtree Road, N.W.
3.4 CITY-ST-ZIP Atlanta, GA 30309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE AS
4.2 NAME Humphries, J. Bob
4.3 STREET ADDRESS 501 E. Kennedy Blvd., #1700
4.4 CITY-ST-ZIP Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

J. Bob Humphries, Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

(813) 222-1173

Daytime Phone #

CR2E034 (9/96)