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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600062618

LAPUMA AUTO SALES, INC.

Principal Place of Business Mailing Address 3001 S. PINE AVE P.O. BOX 94 OCALA FL 34471 HOLDER FL 34445 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0689204 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired X Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAPUMA, JUDY 7530 N. NATURE TRAIL Street Address (P.O. Box Number is Not Acceptable) HERNANDO FL 34442 84 City 85 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITI F 1.1 TM E Change Addition LAPUMA, JOHN R NAME 7530 N. NATURE TRAIL STREET ADDRESS 1.3 STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE ☐ Change ■ Addition 2.1 TITLE LAPUMA, JUDY NAME 2.2 NAME 7530 N. NATURE TRAIL STREET ADDRESS 2.3 STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRÉSS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

I 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 coath; 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, with all other like empowered.

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

NAME

STREET ADDRESS

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90031 009 ***158.75

☐ Change

☐ Addition

CR2E034