

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

10fz

0085592

PROFIT CORPORATION ANNUAL REPORT 1998



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

98 JUL 17 PM 4: 09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000070325 (1)

1. Corporation Name  
 SEACOAST AUTO SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9401 PERIO PLACE  
 TAMPA FL 33612  
 US

9401 PERIO PLACE  
 TAMPA FL 33612  
 US

2. Principal Place of Business

2a. Mailing Address

21 8103 N. ARMENIA AVE.

26 8103 N. ARMENIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA, FL.

28 TAMPA, FL.

Zip

Country

Zip

Country

24 33604

25

29 33604

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

59-3397462

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

SHAW, BILL M  
 550 N. REO STREET  
 SUITE 300  
 TAMPA FL 33609-1013

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	<input type="checkbox"/> DELETE
NAME	DICKERSON, STEPHEN C	
STREET ADDRESS	9401 PERIO PLACE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	100002597191-1
1.3 STREET ADDRESS	-07/24/98--01005--003
1.4 CITY-ST-ZIP	***150.00 ***150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

*Stephen C Dickerson*

7-8-98 813-935 0629

CR2E034 (5/98)

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DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327

JULY 8, 1998

RE: SEACOAST AUTO SALES, INC.  
8103 N. ARMENIA AVE.  
TAMPA, FL. 33604  
(813) 932-5101

Stacy:

Seacoast Auto Sales, Inc. filed the State Annual Report and paid the fee on check #1407 dated April 10, 1998. As of today the this check has not cleared our bank.

Therefore, upon your instructions I am completing the new report being sent to me along with the filing fee as originally mailed.

If additional information is needed please let me know.

Sincerely,



STEPHEN C. DICKERSON, PRESIDENT