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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000023412

Principal Place of Business

STREET ADDRI SS

CITY-ST-ZIP

RICH FICHES AUTO AUTO SALES, INC.

3210 WEST TENNESSEE STREET TALLAHASSEE FL 32304		3210 WEST TENNESSEE STREET TALLAHASSEE FL 32304		DO NOT WRITE IN TH	IIS SDACE	=	
					3. Date In proporated or Qualifed 03/14/1997	IIS SPACE	:
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	- [Applied For	
21		26			59-3441276	-	Not Applicable
Suite, Art.	#. etc.	Suite, Apt. #, etc.		-		\$8 .	75 Acditional
22		27			5. Certificate of Status Desired	Fe	ee Required
City & State	e	City & State			6. Election Campaign Financing	\$5	,00 May Be
23		28			Trust F and Contribution	Ad	Ided to Fees
Zip	Coun ry	Zip	Country	y	8. This corporation owes the current year	l ıtangible	
24	25	29	30		Personal Property Tax.	Yes	: [:]M6
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	1 Agent	
	an m.aan a		81	I Name			
	.OR, RICHARD C WEST TENNESSEE STREET		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32304			83	3			
			84	City		85	Zip Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	/ the corpor	orporation submits this statement for the purpose retion's board of cirectors. I hereby accept the ap	of changii pointment	ng its r∍gistered as registered
SIGNATURE	Signature, typed or printed na ne of registered age	nt and title if applicable. (NOT)	: Registered Age	ent signature rec	gured when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOFS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE			☐ Cha	ange 🔲 Addition
NAME	TAYLOR, RICHARD C		1.2 NAME				
STREET ADDRESS	3210 WEST TENNESSEE STRE	ET	1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32304		1,4 CITY-	ST-ZIP			
TITLE	VPST	☐ DELETE	2.1 TITLE			Chi	ange
NAME	TAYLOR, SHERYL C		2.2 NAME	[
STREET ADDRESS	3210 WEST TENNESSEE STRE	ET	2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32304		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			☐ Cha	ange 🗌 Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY+ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	41 TITLE	1		☐ Cha	ange 🗌 Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADDRESS			i
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	T		☐ Ch	ange 🔲 Addition
NAME			52 NAME	.			
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			54 CTTY-	ST-ZIP			
TITLE	••	☐ DELETE	6.1 TITLE			☐ Ch	ange
NAME			6.2 NAME				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 ham 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90027 050 ***158.75

CR2E034 (11/98)