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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000025946 (9)

MANATEE MOTORS OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

## FILED Apr 30 1998 8:00am Secretary of State



1208 N YOUNG BLVD. CHIEFLND FL 32626		P.O. DRAWER 2349 LAKE CITY FL 32056-2349			DO NOT WRITE IN THIS SPA	.CE
					3. Date Incorporated or Qualified 03/17/1997	
2. Principal Pl	ace of Business	2a. Mailing Address			4 FEI Number	Applied For
21 4854	San Juan Avenue	26 4854 San Juan Avenue			59-5404093	Not Applicable
Suite, Apt. +		Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional Fee Required
City & State 23 Jacks	onville, Florida	City & State  28 Jacksonv111e	, Flo	rida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32210			Count	S. A.		∕es □ No
140	9. Name and Address of Curren	it Registered Agent	8	Name	10. Name and Address of New Registered Age	<u>nt</u>
KOBERLEIN, FREDERICK L				Name		
201 N MAIN STREET SUITE 801				Street /	Address (P.O. Box Number is Not Acceptable)	
LAH	KE <b>C</b> ITY FL 32055		8	3		
	_		8-	City	FL <sup>8</sup>	5 Zip Code
office or re	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 b	by the corp	corporation submits this statement for the purpose of chooration's board of directors. I hereby accept the appoint	anging its registered ment as registered
SIGNATURE						
12,	Signature, typed or printed name of registered age OFFICERS AN		Hegistered A	gent signature	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DI	DECTORS IN 12
TITLE	D	DELETÉ	1.1 TITLE			Change Addition
NAME	DEAN, A H		1.2 NAME		Dean, A. H.	
STREET ADDRESS	1208 N YOUNG BLVD.			T ADDRESS	4854 San Juan Avenue	
CITY-ST-ZIP	CHIEFLND FL 32626		1.4 CITY		Jacksonville, Florida 32210	
TITLE		DELETE	2.1 1111€			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	ļ	L	Change
NAME			4. 2 NAM	:		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -			A
TITLE		☐ DELETE	5.1 TITLE		L	Change Addition
NAME			5.2 NAME	I		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DUETE	5.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addistre
TITLE		☐ DETE1E	6.1 TITLE			Change
NAME			6.2 NAME	- 1		
STREET ADDRESS			1	T ADDRESS		
CITY - ST - ZIP			6.4 CITY-	ST-ZIP		

14. Thereby 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, of on an intachment with an address.