

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

FILED

Jan 20 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000030845 (6)

1. Corporation Name

SOUTHERN TRUST AUTO SALES INC.

Principal Place of Business

3289 CLEVELAND AVE.  
FT. MYERS FL 33901

Mailing Address

3289 CLEVELAND AVE.  
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1997

4. FEI Number

65 074 2183

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 ☐

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

23

27

City & State

24

28

City & State

25

29

Zip

26

30

Country

9. Name and Address of Current Registered Agent

POTTS, RICK  
3289 CLEVELAND AVE.  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

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

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | POTTS, NICK           |                                 |
| STREET ADDRESS  | 108 NICHOLAS PKY., W. |                                 |
| CITY - ST - ZIP | CAPE CORAL FL 33991   |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| 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 |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                      |  |
|---------------------|----------------------|--|
| 1.1 TITLE           | V.P.                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | Gerald A. Alexander  |  |
| 1.3 STREET ADDRESS  | 4816 SW 2nd Pl       |  |
| 1.4 CITY - ST - ZIP | Cape Coral, FL 33914 |  |

|                     |  |   |
|---------------------|--|---|
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/98

941 939-9696

Date

Daytime Phone # 0420998

CR2E034 (10/97)