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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053212 (1)

ENCORE VEHICLES, INC.

Principal Place of Business

Block 12 or Block 13

Mailing Address

FILED May 18 1998 8:00am Secretary of State



37837 MERIDIAN AVE., STE. 314 37837 MERIDIAN AVE., STE. 314 DADE CITY FL 33525 DADE CITY FL 33525 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 Applied For 2a. Mailing Address 2. Principal Place of Business 1600 S 1600 Sunshine Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible KINELLAS Personal Property Tax due June 30. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 62 TALLAHASSEE FL 32301-2525 83 84 Zip Code City 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 hanse of registered agost, and title if applicable (NOTE: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE **BLACKBURN, WILLIAM B** 1.2 NAME MALLE **8314 JEAN CIR.** STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33529 CITY-ST-ZIP 1.4 CITY - ST- ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 1ITLE NAME 6.2 NAME 6.3 STREET ACCRESS STREET ADDRESS CITY-ST-ZIP 64 CHTY-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 is usual 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 compration or the regioner or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in