

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

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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90010 006 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT# **97000053212**
 1. Corporation Name **Encore Vehicles, Inc.**

Principal Place of Business Mailing Address
1600 Sunshine Dr. **SAME**
Clearwater, FL 33765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
6/16/97
 4. FEI Number Applied For
59-3451828 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Leonard H. Johnson
37837 Meridan Ave, Suite 314
Dade City, FL 33525

10. Name and Address of New Registered Agent
 81 Name **W. Matthew Blackburn**
 82 Street Address (P.O. Box Number is Not Acceptable)
1600 Sunshine Dr.
Clearwater, FL 33765
 83 City **Clearwater** 85 Zip Code **FL 33765**

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]* DATE **5/24/99**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | W. Matthew Blackburn |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 1600 Sunshine Dr. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Clearwater, FL 33765 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Todd Gregorcic |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1838 Tall Pines Dr. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Largo, FL 33771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | William B. Blackburn |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 3438 Skysail Place <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Tampa, FL 33607 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **5/24/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)