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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000098458 (7)

CASH AND GO CAR SALES, INC.

Principal Place of Business

Maiting Address

FILED May 04 1998 8:00am Secretary of State



11221 N.W. 1 MIGANOPY F	BOTH STREET ROAD	11221 N.W. 188TH STREET ROAD		
MIVARUTT	L 32007	MICANOPY FL 32667		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				11/17/1997
	lace of Business	2a. Mailing Address	MAIN S	4. FEI Number 3480810 Applied For Not Applied For
21 300	O N Nain St		MMN -	
Sulte, Apt.	#, etc. TE.#-A	Suite, Apt #, etc.		5. Certificate of Status Desired See Regulred Fee Regulred
City & Stat		City & State	F	6. Election Campaign Financing \$5.00 May Be
23 (501)		28 Gainesui lue		Trust Fund Contribution Added to Fees
== ^{Zip} ろ2 /	LA9 Country	32/00 ==	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes
24 021	9. Name and Address Surrent R	29 32601 30	1 usm	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
W	DANIEL, JACKSON W	- g	81 Name	
	221 N.W. 188TH STREET ROAD		00 0000	Address (D.O. Bar Nisselse is Not Assessable)
	CANOPY FL 32667		82 Stree	et Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	85 Zip Code
44 Durawant	to the desired of Cooking COT OF OR	d 607 1600 Flacida Otal 40-	0 - 1	FL W 245 SSSS
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 D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	✓ ✓ Change ☐ Addition
NAME	MCDANIEL, JACKSON W		1.2 NAME	
STREET ADDRESS	11221 N.W. 188TH STREET RO/	1D	1.3 STREET ADDRESS	s
CITY-ST-ZIP	MICANOPY FL 32667		1.4 CITY-S1-ZIP	
TITLE	7	☐ DELETE	2.1 TITLE	P Change Addition
NAME	•		2.2 NAME	Larry Goodwin
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		Printer	2.4 CITY-ST-ZIP	McIntosh, FL 32664
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	5
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST- ZIP 4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	s
CITY-ST-ZIP			4.4 CHY-ST-ZIP	
TITLE		DELETE	5 1 THTLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	5
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		L_] DELETE	6.1 TITLE	L Change
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	5
CITY-ST-ZIP	Codify that the information curryling with	this filing does not qualify for the	6.4 CITY-ST-ZIP	ated in Section 119 07(3\fi) Florida Statutes further certifu that the information
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 corpolation or the receiver by 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.				