

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90133 027 ***150.00

DOCUMENT # P98000008932

1. Corporation Name

SONIC AUTOMOTIVE-CLEARWATER, INC.

Principal Place of Business

24825 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34623

Mailing Address

24825 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1998

4. FEI Number

59-3501017

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 21799 U.S. HWY. 19 N.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

CLEARWATER, FL.

28 City & State

CLEARWATER, FL.

24 Zip Country

33765 PINELLAS

29 Zip Country

33763

9. Name and Address of Current Registered Agent

MARKS, KEN JR
24825 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 33763

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 ☐ DELETE

NAME SMITH, B S
STREET ADDRESS 24825 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34623

TITLE D ☐ DELETE

NAME WRIGHT, THEODORE M
STREET ADDRESS 24825 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34623

TITLE D ☐ DELETE

NAME SMITH, O B
STREET ADDRESS 24825 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34623

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
1.4 CITY-ST-ZIP CHARLOTTE N.C. 28218

2.1 TITLE V/T/D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
2.4 CITY-ST-ZIP CHARLOTTE, N.C. 28218

3.1 TITLE c/d ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
3.4 CITY-ST-ZIP CHARLOTTE, N.C. 28218

4.1 TITLE ASS'T S/D ☐ Change ☒ Addition

4.2 NAME ROBERT HUDSON
4.3 STREET ADDRESS 24825 U.S. 19 N.
4.4 CITY-ST-ZIP CLEARWATER, FL. 33763

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

ROBERT HUDSON

4/20/99 (777) 797-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)