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Secretary of State

03-22-1999 90027 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000046513

1. Corporation Name

CHO MOTORS GP INC.

Principal Place of Business

4306 PABLO OAKS COURT
JACKSONVILLE FL 32224

Mailing Address

4306 PABLO OAKS COURT
JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

59-3513033

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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

1.1 TITLE ☐ DELETE

NAME COGGIN, LUTHER
 STREET ADDRESS 4306 PABLO OAKS COURT
 CITY-ST-ZIP JACKSONVILLE FL 32224

1.2 NAME ☐ DELETE

NAME Tomm, Charlie
 STREET ADDRESS 4306 Pablo Oaks Ct
 CITY-ST-ZIP Jacksonville FL 32224

1.3 NAME ☐ DELETE

NAME Noble, Nancy
 STREET ADDRESS 4306 Pablo Oaks Ct
 CITY-ST-ZIP Jacksonville FL 32224

1.4 NAME ☐ DELETE

NAME Marlette, Linda
 STREET ADDRESS 4306 Pablo Oaks Ct
 CITY-ST-ZIP Jacksonville FL 32224

1.5 NAME ☐ DELETE

NAME
 STREET ADDRESS

1.6 NAME ☐ DELETE

NAME
 STREET ADDRESS

1.7 NAME ☐ DELETE

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1.8 NAME ☐ DELETE

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1.9 NAME ☐ DELETE

NAME
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1.10 NAME ☐ DELETE

NAME
 STREET ADDRESS

1.11 NAME ☐ DELETE

NAME
 STREET ADDRESS

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: Linda Marlette **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

904.992.4110

Daytime Phone #

CR2E034 (1/1/88)