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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800063998

1. Corporation Name

SONIC AUTOMOTIVE - 241 RIDGEWOOD AVE., HH, INC.

Principal Place of Business

Mailing Address

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90001 015 ***150.00



i incipar i lace	Of Business	Maining Address					
241 RIDGEWOOD		241 RIDGEWOOD AVE					
HOLLY HILLS FL 32117 HOLLY HILLS FL 32117					DO NOT WRITE IN THIS	SPACE	
•					3. Date Incorporated or Qualifed	JOI ACE	
		I = 10 0 11			07/21/1998	1 1	
2. Principal Pla		2a. Mailing Address	1	1	4. FEI Number	<u> </u>	Applied For
21 241 K	idgewood Ave.	26 1720 Mas	<u>on r</u>	ive.	<u> 59-3523304</u>		Not Applicable
Suite, Apt. #	HILL FL	Suite, Apt. #, etc.	Beach	h FL .	5. Certificate of Status Desired	•	Additional Required
City & State		City & State	_ 1/1		6. Election Campaign Financing	\$5.0	May Be
23 321	i Volusia	28 32117	VOI	usia	Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	Cou	ıntry	8. This corporation owes the current year In	tangible	
24	25	29	30		Personal Property Tax.	🔀 Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
				81 Name			
MARK	S, KEN JR						
24825 US HWY 19 NORTH				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 33763				83			
OLL-W	MINITER 1 E GO/GO			**			
				84 City		85 Zip	Code
				'	FL		
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the a	bove-named cor	poration submits this statement for the purpose o	changing i	ts registered
oπice or reg agent. I am	gistered agent, or both, in the State of I familiar with, and accept the obligation	r Florida, Such change was ons of, Section 607.0505, F	lorida Stat	utes.	ion's board of directors. I hereby accept the appo	intinent as	egistered
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable /NC	TF: Registerer	d Agent signature requi	red when reinstating) DATE		{
12.	_ OFFICERS AND		13.	3	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PREST DENT	☐ DELETE	1.1 TI	TLE	1.0011101000 THATOLO TO STATIONAL	Change	
NAME	Smith B. Scott.	- >	1.2 N				_
1.	5401 E. Independent	ce Blud.					}
STREET ADDRESS !			1	TREET ADDRESS			
CITY-ST-ZIP		*		ITY-ST-ZIP			e
TITLE V		Charles DELETE	2.1 Π			☐ Change) Haddiron
NAME \	Wright, I headore	nce Blvd.	2.2 N	AME			
STREET ADDRESS	54d'E:Independe	suce one.	2.3 S	TREET ADDRESS			
CITY-ST-ZIP	Charlotte, N.C.			I .			}
TITLE	Lost see + asst T		2.4 C	ITY-ST-ZIP			
NAME		REASWALL DELETE	2. 4 C			Change	Addition
		REASONAL DELETE	_	TLE T	- · · · · · · · · · · · · · · · · · · ·	Change	Addition
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	Hudson, Robert, 9	North	3.1 TI 3.2 No 3.3 S	TLE AME TREET ADDRESS		_ ☐ Change	⇒ ☐ Addition
CITY-ST-ZIP	Hudson Robert, 24825 us Hwy 19 Clearwater, Florid	North a 33763	3.1 TI 3.2 N 3.3 S ² 3.4. C	TLE AME TREET ADDRESS CITY-ST-ZIP	- '• · · · · · · · · · · · · · · · · · ·	•	
CITY-ST-ZIP TITLE	Hudson, Robert, a 24825 US Hwy 19 Clearwater, Florida	North <u>4 33763</u>	3.1 Ti 3.2 N/ 3.3 S 3.4. C	TLE AME TREET ADDRESS CITY-ST-ZIP	- '• · · · · · · · · · · · · · · · · · ·	☐ Change	
CITY-ST-ZIP TITLE NAME	Hudson Robert, and Clearwater, Florida	North <u>4 33763</u>	3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N	TLE AME TREET ADDRESS CITY-ST-ZIP TILE IAME	- '• · · · · · · · · · · · · · · · · · ·	•	
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CITY-ST-ZIP TITLE NAME	Hudson Robert, and Clearwater, Florida	North 1 <u>4 33763</u> Tresowapelete Tive 12 32141	3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S'	TLE AME TREET ADDRESS CITY-ST-ZIP TILE IAME		☐ Change	e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hudson Robert, 24825 us Hwy 19 Clearwater, Florida Ptaszek, Janet C	North 1 <u>4 33763</u> Tresowapelete Tive 12 32141	3.1 TI 3.2 NV 3.3 S [*] 3.4. C 4.1 TI 4.2 N 4.3 S [*] 4.4 CI	TLE AME TREET ADDRESS EITY- ST- ZIP TILE IAME TREET ADDRESS TIY- ST- ZIP TLE TLE		☐ Change	e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Hudson Robert, 24825 us Hwy 19 Clearwater, Florida Ptaszek, Janet C	North 1 <u>4 33763</u> Tresowapelete Tive 12 32141	3.1 TI 3.2 NJ 3.3 S 3.4 C 4.1 TI 4.2 NJ 4.3 S 4.4 CI 5.1 TI 5.2 NJ 5.3 S1	TLE AME TREET ADDRESS EXTY- ST- ZIP TLE TREET ADDRESS TY- ST- ZIP TLE TLE AME		☐ Change	e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Hudson Robert, 24825 us Hwy 19 Clearwater, Florida Ptaszek, Janet C	North A 33763 TRECONDEDELETE TIVE A 32141	3.1 TT 3.2 NV 3.3 S' 3.4. C 4.1 TT 4.2 N 4.3 S' 4.4 CI 5.1 TT 5.2 NV 5.3 ST 6.1 TT 6.2 NV	TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS		☐ Change	e Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR