2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM **DOCUMENT # P99000070462 Secretary of State** 1. Entity Name JON HALL CHRYSLER PLYMOUTH JEEP, INC. Mailing Address Principal Place of Business P O BOX 751 551 N. NOVA RD. DAYTONA BCH FL 32115 DAYTONA BEACH FL 32114 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3601577 Not Applicable Zio Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SERBOUSEK, TED W Street Address (P.O. Box Number is Not Acceptable) C/O JON HALL CHEVROLET, INC. 551 N. NOVA RD. DAYTONA BEACH FL 32114 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the abligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and talle 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 10. Change ... Addition Defete THE BILE NAME RITCHEY, GLENN S NAME UC0000019244 STREET ACCRESS 551 N. NOVA RD. STREET ADDRESS 01/29/04-80017-016 150.00 08Y-ST-782 DAYTONA BEACH FL 32114 CITY-ST-ZIP Change Addition Delete ISILE TITLE SERBOUSEK, TED W NAME NAME STREET ADDRESS 551 N. NOVA RD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP Change ☐ Addition TITLE ππε Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete RIF TITLE MAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 51 - ZIP ☐ Addition Change Defete 1175 F NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY+ST-ZIP 12. 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 report or supplemental report is true and accurate and that pay 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED