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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S11276

(O)

HOLIDAY CHEVROLET-GEO-OLDSMOBILE, INC.

Mailing Address Principal Place of Business 3550 W 13TH ST 3550 W 13TH ST P. O. BOX 700667 P. O. BOX 700667 87. CLOUD FL 34770 ST. CLOUD FL 34770

## FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1990 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3038713 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Starling, Alan C. 3550 W 13TH ST 82 Street Address (P.O. Box Number is Not Acceptable) ST. CLOUD FL 34770 64 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE STARLING, ALAN C. NAME 12 NAME 3550 W 13TH ST STREET ADDRESS 1.3 STREET ADDRESS ST. CLOUD FL 1.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STARLING, BRUCE C. NAME 2.2 NAME 1004 LANCASTER DR STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE SCHOFF, LUCY S. NAME 3.2 NAME 1712 PATRICK ST STREET ADDRESS 3.3 STREET ADDRESS KISSIMMEE FL CITY-ST-2#P 3.4. CITY-ST-ZIP DELETE Change Addition TITLE **4.1 TITLE** TREASURER GREGG TICEHURST 10000 RIVER GLEN COURS NAME STREET ADDRESS 4.3 STREET ADDRESS ORLANDO 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 City-St-7/P

14. Thereby 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 eath, that I am an officer or director of the depreciation 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 online attachment with an address.