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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** S47494

(7)

1. Corporation Name SULLIVAN PONTIAC-CADILLAC-GMC TRUCK, INC.  Principal Place of Business 3230 S. PINE STREET OCALA FL 32671  2230 S. PINE STREET OCALA FL 32671									
						3. Date Incorporated or Qualified 04/22/1991		e of Last F 4/13/19	
<del>-</del> ¬ '	ace of Business	2a. Mailing Address				4. FEI Number	<u>-</u>		Applied For
Suite, Apt.	H. oto	26				59-3064490			Not Applicable
2	# <sub>1</sub> σιο.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & State	9	City & State			<del></del>	6. Election Campaign Financing			Required
3		28				Trust Fund Contribution			0 May Be
Zip Ti	Country	Zip	Co	untry		8. This corporation has liability for	or intangible ta		
4	25	29	30	<del>-</del>		Florida Statutes Y	es 🔲 No		
	9. Name and Address of Currer	it negistered Agent		81	Name	10. Name and Address of New	Registered	Agent	
SMITH (	CHRIS								
	PINE AVENUE				Street Addr	ress (P.O. Box Number is Not Accept	able)		· ··· · · · · · · · · · · · · · · · ·
	FL 34471			83					
				1 1	City		FL	1 1	p Code
	ed adent, or both, in the State of Florid			ove∙nai	иней согрог				ogisto ou omoc
SIGNATURE _	th, and accept the obligations of, Sect					ration submits this statement for the pard of directors. I hereby accept the ap	ppointment as	registered	agent. I am
SIGNATURE	Signature, lypod or printeo name of registered agent OF FICERS ANI	and title if applicable () D DIRECTORS					DATE	··	
SIGNATURE	Signature, typed or printee name of registered agent OFFICERS ANI	and title if applicable ()	NOTE Ragistara	d Agent s		d when ministatingi	DATE FICERS AND	··	
SIGNATURE	Signature, typed or printee name of registered agent OF FICERS ANI D SULLIVAN, ARTHUR	and title if applicable () D DIRECTORS	NOTE: Registere: 13. 1.11	d Agent so DILE IAME	sgratore rod krac	d when ministatingi	DATE FICERS AND	DIRECTO	PRS IN 12
SIGNATURE  12.  11LE  14ME  11REE1 ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D SULLIVAN, ARTHUR 1749 SW COLLEGE ROAD	and title if applicable () D DIRECTORS	NOTE: Registered  13. 1.11 1.2 N	d'Agent si DILE IAME TREET AC	DDRESS	d when ministatingi	DATE FICERS AND	DIRECTO	PRS IN 12
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SIGNATURE: \_

CHARLES AND THEO OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1596 352.732-4700 Daytone Phone !