

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

FILED

Jul 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S47494** (7)
1. Corporation Name
SULLIVAN PONTIAC-CADILLAC-GMC TRUCK, INC.

Principal Place of Business
**3230 S. PINE STREET
OCALA FL 32671**

Mailing Address
**3230 S. PINE STREET
OCALA FL 32671**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3064490	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent SMITH CHRIS 3230 S PINE AVENUE OCALA FL 34471				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, ARTHUR	1.2 NAME	
STREET ADDRESS	1749 SW COLLEGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOSTIC, WANDA	2.2 NAME	
STREET ADDRESS	1515 N MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CHRIS	3.2 NAME	
STREET ADDRESS	3230 S PINE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FIELDS, MELVIN	4.2 NAME	
STREET ADDRESS	P.O. BOX 4172	4.3 STREET ADDRESS	N/A
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, BARBARA	5.2 NAME	8000026035008
STREET ADDRESS	220 OSCEOLA WAY	5.3 STREET ADDRESS	-07/31/98--01009--011
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	***150.00
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, SEAN	6.2 NAME	
STREET ADDRESS	2350 BROADWAY #1038	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ DATE **7/28/98**

CR2E034 (1097)