

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 4: 04

**DOCUMENT # S53657**

**(0)**

1. Corporation Name

**BLOUNT-CHEVROLET-GEO, INC.**

Principal Place of Business

**901 HWY. 27N  
HAINES CITY FL 33844**

Mailing Address

**901 HWY. 27N  
HAINES CITY FL 33844**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/20/1991**

3a. Date of Last Report

**02/01/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

4. FEI Number

**59-3073221**

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CARPENTER, RONALD A.  
4127 N.W. 27TH LANE  
GAINESVILLE FL 32608**

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 607.1509, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

NAME

**BLOUNT, CHARLIE**

STREET ADDRESS

**423 SW 93RD ST**

CITY - ST - ZIP

**GAINESVILLE FL**

TITLE

**VP**

NAME

**COOLEY, MICHAEL A.**

STREET ADDRESS

**6055 TOPPHER TRAIL**

CITY - ST - ZIP

**MULBERRY FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**3571 Pine Tree Loop  
Haines City FL 33844**

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Section 110.07(3)(k), 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 person or persons authorized to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of registered agent or director

**Michael A. Cooley**

**1-20-95**

Date

**8/3-422-7505**

Telephone Number