

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **S53979**  
1. Corporation Name

(8)

QUALITY BUICK-GMC-TRUCK, INC.

APPROVED  
AND  
FILED

98 NOV -4 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2725 SO US HWY 17-92  
CASSELBERRY FL 32707  
US

Mailing Address  
PO BOX 180399  
CASSELBERRY FL 32718  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1991

4. FEI Number

59-3068953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALE, DAVID K

~~2725 S HIGHWAY 17-92~~ 2925 N Hwy 17-92

~~CASSELBERRY FL 32707~~ LODGWOOD FL

32750

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME JENNIER, WALTER A  
STREET ADDRESS 2725 S HWY 17-92  
CITY-ST-ZIP CASSELBERRY FL

1.1 TITLE Sec. ☐ Change ☒ Addition  
1.2 NAME Patricia A. Stickels  
1.3 STREET ADDRESS P.O. Box 521747 - 2925 N Hwy 17-92  
1.4 CITY-ST-ZIP LODGWOOD FL 32758-1747

TITLE V ☐ DELETE  
NAME SALE, DAVID K  
STREET ADDRESS 2725 S HWY 17-92  
CITY-ST-ZIP CASSELBERRY FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST ☒ DELETE  
NAME SPENGLER, ROBERT H  
STREET ADDRESS 2725 S HWY 17-92  
CITY-ST-ZIP CASSELBERRY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME 100002684241--8  
3.3 STREET ADDRESS -11/10/98--01029--027  
3.4 CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: SIGNATURE REQUIRED

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CR2E034 (5/98)