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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90120 032 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V11369**

1. Corporation Name
DAVID'S USED CARS, INC.

Principal Place of Business
 4963 WOODRUFF SPRINGS RD
 SANFORD FL
 US

Mailing Address
 1175 ORANGE BLVD
 LAKE MARY FL 32773
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1992

4. FEI Number
59-3108495

Applied For
 Not Applicable

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIPPLETT, BARBARA A.
 1175 ORANGE BLVD
 LAKE MARY FL 32746

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	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPPLETT, BARBARA A.	1.2 NAME	
STREET ADDRESS	1175 ORANGE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	
TITLE	(V) <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President (V) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA A. Triplett	2.2 NAME	David A. Brannon
STREET ADDRESS	1175 Orange Blvd	2.3 STREET ADDRESS	1175 ORANGE BLVD
CITY-ST-ZIP	Lake Mary, FL 32746	2.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	(T) <input checked="" type="checkbox"/> DELETE	3.1 TITLE	(T) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA A. Triplett	3.2 NAME	David A. Brannon
STREET ADDRESS	1175 Orange Blvd	3.3 STREET ADDRESS	1175 ORANGE BLVD
CITY-ST-ZIP	Lake Mary, FL 32746	3.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Barbara A. Triplett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 407-333-3461
 Date Daytime Phone #

CR2E034 (1/198)