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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V14962 (7)

1. Corporation Name
KNIGHT'S AUTO SALES, INC.

Principal Place of Business	Mailing Address
24411 U.S. 19 NORTH CLEARWATER FL 34623	24411 U.S. 19 NORTH CLEARWATER FL 34623-5001

3. Date Incorporated or Qualified: 02/18/1992
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business	2a. Mailing Address
21 1700 N. HERCULES AVE.	26 1700 N. HERCULES AVE.
22 Suite, Apt. #, etc. BLDG. 1	27 Suite, Apt. #, etc. BLDG. 1
23 City & State CLEARWATER, FL	28 City & State CLEARWATER, FL
24 Zip 34625 25 Country PINELLAS	29 Zip 34625 30 Country PINELLAS

4. FEI Number: 59-3108654 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**
THERRIEN, GEORGE
24411 U.S. 19 NORTH
CLEARWATER FL 34623

10. **Name and Address of New Registered Agent**
81 Name: GEORGE THERRIEN
82 Street Address (P.O. Box Number is Not Acceptable): 1700 N. HERCULES AVE.
83: BLDG. 1
84 City: CLEARWATER FL 85 Zip Code: 34625

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: George T Herrien — GEORGE THERRIEN — 3-12-97
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	TS	☐ DELETE	1.1 TITLE	VTS	☑ Change ☐ Addition
NAME	THERRIEN, LAURA		1.2 NAME	LAURA THERRIEN	
STREET ADDRESS	90 JOANNE PL		1.3 STREET ADDRESS	2827 KAVALIER DR.	
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	DP	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	THERRIEN, GEORGE		2.2 NAME	GEORGE THERRIEN	
STREET ADDRESS	90 JOANNE PL		2.3 STREET ADDRESS	2827 KAVALIER DR.	
CITY-ST-ZIP	OLDSMAR FL		2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	TRACEY HOAMBRECKER		3.2 NAME	TRACEY HOAMBRECKER	
STREET ADDRESS	208 WOODLAKE WYNDE		3.3 STREET ADDRESS	208 WOODLAKE WYNDE	
CITY-ST-ZIP	OLDSMAR, FL 34677		3.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	KENNETH RAPPOLT	
STREET ADDRESS			4.3 STREET ADDRESS	3418 FERNCLIFF LN.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: LAURA THERRIEN VICE PRES 813-449-9500