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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90193 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V14962

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

Principal Place of Business 1700 N. HERCULES AVE. BLDG. 1 CLEARWATER FL 33765 US	Mailing Address 1700 N. HERCULES AVE. BLDG. 1 CLEARWATER FL 33765 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1992

4. FEI Number

59-3108654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THERRIEN, GEORGE
1700 N. HERCULES AVE.
BLDG. 1
CLEARWATER FL 34625

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	THERRIEN, LAURA	
STREET ADDRESS	2827 KAVALIER DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE	PC	<input type="checkbox"/> DELETE
NAME	THERRIEN, GEORGE	
STREET ADDRESS	2827 KAVALIER DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOAMBRECKER, TRACEY	
STREET ADDRESS	208 WOODLAKE WYNDE	
CITY-ST-ZIP	OLDSMAR FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAPPOLT, KENNETH	
STREET ADDRESS	3418 FERNCLIFF LANE	
CITY-ST-ZIP	CLEARWATER FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE THERRIEN JR.	
1.3 STREET ADDRESS	2398 GUN FLINT TRAIL	
1.4 CITY-ST-ZIP	PALM HARBOR FL 34683	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

George Therrien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99
Date

727-449-9500
Daytime Phone #

CR2E034 (1/98)