FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:15

DOCUMENT # **V25525** **(9)**

1. Corporation Name
LITHIA HOLDINGS, INC.

Principal Place of Business	Mailing Address
2207 THOMPSON RD LITHIA FL 33547 US	2207 THOMPSON RD LITHIA FL 33547 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3117434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** 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

HENDERSON, JEANNE
2207 THOMPSON RD
LITHIA FL 33547

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 _____ DATE
(Signature of new registered agent, if changed) (NOTE: Registered Agent signature required when naming it) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, JEANNE L	12 NAME	
STREET ADDRESS	2207 THOMPSON RD	13 STREET ADDRESS	
CITY ST ZIP	LITHIA FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	CAPITANO, FRANK	22 NAME	
STREET ADDRESS	2211 THOMPSON RD	23 STREET ADDRESS	
CITY ST ZIP	LITHIA FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	V ☑ Change ☐ Addition
NAME	CAPITNAO, SANORA J	32 NAME	CAPITANO, SANDRA J.
STREET ADDRESS	2211 THOMPSON RD	33 STREET ADDRESS	2211 THOMPSON RD
CITY ST ZIP	LITHIA FL	34 CITY ST ZIP	LITHIA, FL 33547
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BRACEWELL, TIMOTHY D	42 NAME	
STREET ADDRESS	2203 THOMPSON RD	43 STREET ADDRESS	
CITY ST ZIP	LITHIA FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, HC	52 NAME	
STREET ADDRESS	2207 THOMPSON RD	53 STREET ADDRESS	
CITY ST ZIP	LITHIA FL	54 CITY ST ZIP	
TITLE		61 TITLE	S ☐ Change ☑ Addition
NAME		62 NAME	BRACEWELL, TAMMY C.
STREET ADDRESS		63 STREET ADDRESS	2203 THOMPSON RD
CITY ST ZIP		64 CITY ST ZIP	LITHIA, FL 33547

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 10 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanne L. Henderson 1-8-95 813-685-4634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEANNE L. HENDERSON

0206082 CP