

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V68662 (8)
1. Corporation Name
KOON'S PONTIAC-GMC TRUCK INC.

Principal Place of Business
500 W. HOWARD ST.
LIVE OAK FL 32060

Mailing Address
500 W. HOWARD ST.
LIVE OAK FL 32060



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1992

4. FEI Number

59-3144336

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

KOON, CURTIS H.
500 W. HOWARD ST.
LIVE OAK FL 32060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 DP
NAME KOON, CURTIS H.
STREET ADDRESS 500 W. HOWARD ST.
CITY-ST-ZIP LIVE OAK FL ☐ DELETE

TITLE DV
NAME SESSIONS, JOHN F.
STREET ADDRESS 8235 WOODGROVE ROAD
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE S
NAME FOWLER, JEANNETTE D
STREET ADDRESS ROUTE 7, BOX 138
CITY-ST-ZIP LIVE OAK FL 32060 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D/V/T ☐ Change ☒ Addition
2.2 NAME Koon, Sidney C.
2.3 STREET ADDRESS Rt. 2 Box 170
2.4 CITY-ST-ZIP Mayo, FL 32066

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Fowler, Jeannette D.
3.3 STREET ADDRESS 22382 92nd Trail
3.4 CITY-ST-ZIP Live Oak, FL 32060

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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

Curtis H. Koon

President 04/22/98

CR2E034 (10/97)