

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56471

Entity Name: ATLANTIC DODGE CHRYSLER JEEP, INC.**Current Principal Place of Business:**2330 US 1 SOUTH
ST. AUGUSTINE, FL 32086**Current Mailing Address:**P.O. BOX 1659
ST. AUGUSTINE, FL 32085 US**FEI Number:** 59-2998311**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWE, PHILIP W
2330 U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	LOWE, PHILIP W.
Address	29 COLLINGWOOD LANE
City-State-Zip:	PALM COAST FL 32137

Title	STD
Name	GUTHRIE, PATRICIA A
Address	98 EMERALD OAKS LANE
City-State-Zip:	ORMOND BEACH FL 32174-3041

Title	AS
Name	ROBINSON, TINA L
Address	9950 EBERT AVE
City-State-Zip:	HASTINGS FL 32145

Title	VP
Name	LOWE, MICHAEL W
Address	880 CHERRY TREE ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DI
Name	SCHUBERT, DAVID L
Address	13837 IBIS PT BLVD
City-State-Zip:	JACKSONVILLE FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL W. LOWE**VP****01/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date