

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000000295

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC3355850671**

**Entity Name:** SUPERIOR AUTOMOTIVE CENTER, INC

**Current Principal Place of Business:**

3550 BARRANCAS AVE  
PENSACOLA, FL 32507

**Current Mailing Address:**

3550 BARRANCAS AVE  
PENSACOLA, FL 32507

**FEI Number:** 02-0533632

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HINTON, SHERRI  
3550 BARRANCAS AVENUE  
PENSACOLA, FL 32507 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 P  
Name MYERS, KAREN D  
Address 8902 BOWMAN AVE  
City-State-Zip: PENSACOLA FL 32534

Title VST  
Name HINTON, SHERRI  
Address 8395 BOWMAN AVE  
City-State-Zip: PENSACOLA FL 32534

Title D  
Name HINTON, JOHN  
Address 8395 BOWMAN AVE  
City-State-Zip: PENSACOLA FL 32534

*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:** HINTON, SHERRI

VST

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date