

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47494

Entity Name: SULLIVAN BUICK-CADILLAC-GMC TRUCK, INC.**Current Principal Place of Business:**4040 SW COLLEGE ROAD
OCALA, FL 34474**Current Mailing Address:**4040 SW COLLEGE ROAD
OCALA, FL 34474**FEI Number: 59-3064490****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH CHRIS
4040 SW COLLEGE RD.
OCALA, FL 34474 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 SULLIVAN, ARTHUR
Address 4000 SW COLLEGE ROAD
City-State-Zip: Ocala FL 34474

Title D
Name SULLIVAN, BARBARA
Address 220 OSCEOLA WAY
City-State-Zip: PALM BEACH FL

Title VP
Name JOHNS, TIM
Address 4040 SW COLLEGE ROAD
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name SULLIVAN, SEAN
Address 4040 SW COLLEGE ROAD
City-State-Zip: Ocala FL 34474

Title S
Name PARRISH, CYNTHIA
Address 4000 SW COLLEGE ROAD
City-State-Zip: Ocala FL 34474

Title VP
Name SMITH, CHRIS
Address 3000 N. MAIN ST.
City-State-Zip: GAINESVILLE FL 32609

Title TREASURER
Name CROWN, CHARLIE
Address 4040 SW COLLEGE ROAD
City-State-Zip: Ocala FL 34474

Title VP
Name SULLIVAN, MELISSA
Address 4040 SW COLLEGE ROAD
City-State-Zip: Ocala FL 34474

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: LINDA MAHLER**OFFICE MANAGER****04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date