

2018 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	S
Name	PARRISH, CYNTHIA
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	SMITH, CHRIS
Address	3000 N. MAIN ST.
City-State-Zip:	GAINESVILLE FL 32609

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

Title	TREASURER
Name	CROWN, CHARLIE
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	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: CHRISTINE COKER**OFFICE MGR****01/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date