

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90054 046 \*\*\*150.00

DOCUMENT # F32321

1. Corporation Name

GALEANA CHRYSLER-PLYMOUTH, INC.

Principal Place of Business  
14375 S. TAMiami TRAIL  
FORT MYERS FL 33912-8943

Mailing Address  
14375 S. TAMiami TRAIL  
FORT MYERS FL 33912-8943

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1981

4. FEI Number

59-2087222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MUDRY, LEON  
14375 S TAMiami TR  
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME GALEANA, FRANK  
STREET ADDRESS 13323 ROSEWOOD LANE  
CITY-ST-ZIP NAPLES FL

1.1 TITLE ☐ Change ☐ Addition

NAME GALEANA, FRANK

STREET ADDRESS 13323 ROSEWOOD LANE

CITY-ST-ZIP NAPLES FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME MUDRY, LEON  
STREET ADDRESS 14517 MAJESTIC EAGLE CT.  
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE ☐ Change ☐ Addition

NAME MUDRY, LEON

STREET ADDRESS 14517 MAJESTIC EAGLE CT.

CITY-ST-ZIP FT. MYERS FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME BOONE, WANDA  
STREET ADDRESS 3525 23RD AVENUE S.W.  
CITY-ST-ZIP NAPLES FL

3.1 TITLE ☐ Change ☐ Addition

NAME BOONE, WANDA

STREET ADDRESS 3525 23RD AVENUE S.W.

CITY-ST-ZIP NAPLES FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME GALEANA, FRANK H. J  
STREET ADDRESS 946 N WATERWAY DR  
CITY-ST-ZIP FT MYERS FL

4.1 TITLE ☐ Change ☐ Addition

NAME GALEANA, FRANK H. J

STREET ADDRESS 946 N WATERWAY DR

CITY-ST-ZIP FT MYERS FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Frank Galeana Pres 2/1/99 941-481-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)