

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F47698 (8)

1. Corporation Name
MARIANNA TOYOTA, INC.



Principal Place of Business % QUEN RAHAL 2961 PENN AVE MARIANNA FL 32447	Mailing Address POST OFFICE BOX 757 2961 PENN AVE MARIANNA FL 32447 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1981	
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number 59-2130638	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25
Zip 29	Country 30
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAHAL, QUEN 2961 PENN AVE MARIANNA FL 32446		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAL, QUEN	1.2 NAME	
STREET ADDRESS	700 W LAFAYETTE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JORGE	2.2 NAME	
STREET ADDRESS	208 S. PENN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAL, ANN	3.2 NAME	
STREET ADDRESS	700 W LAFAYETTE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN DONNA	4.2 NAME	
STREET ADDRESS	733 WADE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: *Donna Griffin* *Donna Griffin* **4/2/98** **850-570-3511**

CR2E034 (10/97)