

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000016229

Entity Name: R.M. HOLLENSHEAD AUTO SALES & LEASING, INC.**Current Principal Place of Business:**1373 LANCASTER ROAD
MANHEIM, PA 17545**Current Mailing Address:**1373 LANCASTER ROAD
MANHEIM, PA 17545 US**FEI Number:** 23-2448259**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUNROE, W. BRADELY
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 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 :**

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| Title | D |
| Name | HOLLENSHEAD, ROBERT M |
| Address | 310 N OCEAN BOULEVARD |
| City-State-Zip: | DELRAY BEACH FL 33483 |

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| Title | P |
| Name | HOLLENSHEAD, ROBERT M |
| Address | 310 N OCEAN BOULEVARD |
| City-State-Zip: | DELRAY BEACH FL 33483 |

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|-----------------|---------------------|
| Title | DIRECTOR |
| Name | SCHOFIELD, MARYANN |
| Address | 1373 LANCASTER ROAD |
| City-State-Zip: | MANHEIM PA 17545 |

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| Title | SECRETARY |
| Name | SCHOFIELD, MARYANN |
| Address | 1373 LANCASTER ROAD |
| City-State-Zip: | MANHEIM PA 17545 |

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|-----------------|---------------------|
| Title | TREASURER |
| Name | SCHOFIELD, MARYANN |
| Address | 1373 LANCASTER ROAD |
| City-State-Zip: | MANHEIM PA 17545 |

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|-----------------|------------------------|
| Title | DIRECTOR |
| Name | HOLLENSHEAD, TRAVIS A. |
| Address | 1373 LANCASTER ROAD |
| City-State-Zip: | MANHEIM PA 17545 |

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|-----------------|------------------------|
| Title | VP |
| Name | HOLLENSHEAD, TRAVIS A. |
| Address | 1373 LANCASTER ROAD |
| City-State-Zip: | MANHEIM PA 17545 |

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: ROBERT M HOLLENSHEAD**DIRECTOR****05/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date