SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08 1996 8:00 am
Secretary of State

DOCUMENT # **809762** **(8)**

1. Corporation Name
DARBY AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
5170 S. TAMIAMI TRAIL P.O. BOX 21479 SARASOTA FL 34230	5170 S. TAMIAMI TRAIL P.O. BOX 21479 SARASOTA FL 34230

3. Date Incorporated or Qualified: **04/14/1954**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-0715229** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DARBY, C. CONRAD III
3616 BENEVA OAKS BV
SARASOTA FL 34238

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	DT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SHORE, SANDRA M		12 NAME	
STREET ADDRESS	5738 DEER HOLLOW LANE WEST		13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		14 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FROST, SCOTT F		22 NAME	
STREET ADDRESS	908 BECKLEY DR		23 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		24 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DARBY, C. CONRAD III		32 NAME	
STREET ADDRESS	3616 BENEVA OAKS BLVD.		33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		34 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	RATZEL, JAMES E		42 NAME	
STREET ADDRESS	214 WOODINGHAM TRAIL		43 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	DARBY, MARGARET C.		52 NAME	
STREET ADDRESS	831 FREELING DR.		53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		54 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	WELLS, ROBIN J		62 NAME	
STREET ADDRESS	2380 BROWNING ST.		63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237		64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra M Shore Pres 6/26/96 922-1531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #