FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F34816 (1)

1. Corporation Name
FAMILY AUTO, INC.

Principal Place of Business	Mailing Address
11309 US HWY 92 E. SEFFNER FL 33584	11309 US HWY 92 E. SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1981
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2105563 ☐ 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

9. Name and Address of Current Registered Agent

WARING, WILLIAM LOWRY
2622 CRESTFIELD DRIVE
VALRICO, 33594

10. Name and Address of New Registered Agent

81 Name: WILLIAM W. WARING
82 Street Address (P.O. Box Number is Not Acceptable): 3111 W. CREST ST.
83: TAMPA
84 City: TAMPA FL 85 Zip Code: 33614

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: William W. Waring — william W. Waring — 3/8/95
(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	SDT	1.1 TITLE	SDT ☒ Change ☐ Addition
NAME	WARING, MARIE D	1.2 NAME	LISA M. LANIER
STREET ADDRESS	2622 CRESTFIELD DRIVE	1.3 STREET ADDRESS	307 ELIZABETH ST., APT. 107
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	WARING, WILLIAM W	2.2 NAME	WILLIAM W. WARING
STREET ADDRESS	3111 W CREST STREET	2.3 STREET ADDRESS	3111 W. CREST ST.
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	PD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	WARING, WILLIAM	3.2 NAME	WILLIAM W. WARING
STREET ADDRESS	2622 CRESTFIELD DRIVE	3.3 STREET ADDRESS	3111 W. CREST ST.
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	BARNHART, JOHN T.	4.2 NAME	
STREET ADDRESS	921 CHADSWORTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Lisa M. Lanier — Lisa M. Lanier — 3/8/95 — 813-623-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288760 CR