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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # F85404 (4) SOUTH DAYTONA AUTOMOTIVE, INC. Principal Place of Business Mailing Address C/O ELLEN A. MATTER C/O ELLEN A. MATTER 428 BIG TREE ROAD **428 BIG TREE ROAD** SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2240691 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MATTER, ELLEN A. **428 BIG TREE ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) SOUTH DAYTONA FL 32127 **B3** 84 City 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 w Stonature, typed or printed name of registered agent and title if applicable en reinstating) 10/9/ 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE MATTER, JOHN CR2E034 NAME 1.2 NAME **5919 TRAILWOOD DRIVE** 1.3 STREET ADDRESS STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MATTER, ELLEN A. NAME 2.2 NAME **5919 TRAILWOOD DRIVE** STREET ADDRESS 2.3 STREET ADDRESS PORT ORANGE FL 2. 4 CITY-ST-ZIP CITY-ST-70P DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE __ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 61 TITLE Change TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

4/10/1998

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.

FILED