~~SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.~~
~~AMOUNT DUE ON OR BEFORE 8/7/96: $226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $876.)~~

Amended & APPROVED AND FILED

1996 OCT 21 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996

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

200001984612--8
-10/24/96--01006--001
*****61.25 *****61.25

DOCUMENT # L24701

1. Corporation Name

Ben Smith Automotive, Inc.

Principal Place of Business
2250 U. S. 1 South
St. Augustine, FL 32086

Mailing Address

200001984612--8
-10/24/96--01006--002
*****8.75 *****8.75

3. Date Incorporated or Qualified: 10-20-89 | Last Date of Last Report: 1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 592981717001	Applied For / Not Applicable
21	26 P.O. Box 169		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired: X	$8.75 Additional Fee Required
23 City & State	28 City & State: St. Augustine FL	6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip: 32085 / 30 Country: St. Johns	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Jeffrey Monroe
100 Southpark, Suite 410
St. Augustine, FL 32086

10. Name and Address of New Registered Agent

81 Name: BRIAN L. WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 417 MARSH POINT CIRCLE
83
84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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] DATE
Signature, typed or printed name of Registered Agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		X DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME / STREET ADDRESS	Ben S. Smith		1.2 NAME	BRIAN L. WILSON	
	2250 U.S. 1 South		1.3 STREET ADDRESS	417 MARSH POINT CR.	
CITY-ST-ZIP	St. Augustine, FL 32086		1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		☐ DELETE	2.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME			2.2 NAME	JOHN E. WILSON, JR.	
STREET ADDRESS			2.3 STREET ADDRESS	3625 CRAZY HORSE TRAIL	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		☐ DELETE	3.1 TITLE	SECRETARY-TREASURER	☐ Change ☒ Addition
NAME			3.2 NAME	REX A. COLLINS	
STREET ADDRESS			3.3 STREET ADDRESS	800 WHITE EAGLE CIRCLE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

A-allen 10-21-96

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: Rex A. Collins REX A. COLLINS SEC-TREAS 9/19/96 904-797-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #