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 MAY -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H38190** **(5)**

1. Corporation Name
AUTO MASTERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2013 NEW PORT RICHEY FL 24656-9013	P.O. BOX 2013 NEW PORT RICHEY FL 24656-9013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1985	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2489924	☐ 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 4135 M.L. KING BLVD	26 4135 M.L. KING BLVD
22 Suite, Apt. #, etc. # AM -- FLEAMASTERS	27 Suite, Apt. #, etc. # AM- FLEAMASTERS
23 City & State FORT MYERS, FL	28 City & State FORT MYERS, FL
24 Zip 33916 25 Country USA	29 Zip 33916 30 Country USA

9. Name and Address of Current Registered Agent

STEELE, A. C.
5820 NEBRASKA AVE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: STEELE, A.C.
82 Street Address (P.O. Box Number is Not Acceptable): 4135 M.L. KING BLVD
83
84 City: FORT MYERS FL 85 Zip Code: 33916

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] 4/2/95
Signature, type or print 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	PSD	1.1 TITLE	PSD ☐ Change ☐ Addition
NAME	STEELE, ANDREW C.	1.2 NAME	STEELE, ANDREW C.
STREET ADDRESS	5820 NEBRASKA AVE	1.3 STREET ADDRESS	5820 NEBRASKA AVE
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4/2/95 813-334-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460384 FP