

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 151328

**Entity Name:** HOLMAN AUTOMOTIVE, INC.**Current Principal Place of Business:**12 E. SUNRISE BLVD.  
FT LAUDERDALE, FL 33304**Current Mailing Address:**12 E. SUNRISE BLVD.  
FT LAUDERDALE, FL 33304**FEI Number:** 59-0573006**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** LAUREN MARSHALL

01/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name MULLIN, KATHERINE A  
Address 4001 LEADENHALL RD  
City-State-Zip: MT LAUREL NJ 08054-5039

Title CHAIRMAN  
Name HOLMAN, MELINDA K  
Address 4001 LEADENHALL RD  
City-State-Zip: MT LAUREL NJ 08054-5039

Title PRESIDENT, DIRECTOR  
Name BATES, BRIAN R  
Address 4001 LEADENHALL RD  
City-State-Zip: MT LAUREL NJ 08054-5039

Title TREASURER  
Name HORWITH, BRIAN K  
Address 4001 LEADENHALL RD  
City-State-Zip: MT LAU EL FL 08054

Title VP  
Name HURREN, CHRIS S  
Address 4001 LEADENHALL RD  
City-State-Zip: MT LAUREL NJ 08054

Title DIRECTOR  
Name ORTELL, CARL A  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHERINE A MULLIN**SECRETARY**

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date