

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 151328

**Entity Name:** HOLMAN AUTOMOTIVE, INC.

**Current Principal Place of Business:**

4001 LEADENHALL ROAD  
MT. LAUREL, NJ 08054

**Current Mailing Address:**

4001 LEADENHALL ROAD  
MT. LAUREL, NJ 08054 US

**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:** SANDRA YOUNKER

03/04/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR, CEO  
Name BATES, BRIAN R  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT. LAUREL NJ 08054

Title DIRECTOR, CHAIRMAN  
Name HOLMAN, MELINDA K  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT. LAUREL NJ 08054

Title PRESIDENT  
Name WELSH, EUGENE V  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT. LAUREL NJ 08054

Title TREASURER, VP  
Name HORWITH, BRIAN K  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT. LAUREL NJ 08054

Title CFO  
Name CARLISLE, LESLIE E  
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

03/04/2022

Electronic Signature of Signing Officer/Director Detail

Date