FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **157270** **(0)**

1. Corporate Name

DENNY AUTOMOTIVE, INC.

Principal Place of Business

5520 BROADWAY
W PALM BEACH FL 33407-2604

Mailing Address

5520 BROADWAY
W PALM BEACH FL 33407-2604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or	Suite, Apt. # or
22	27
City & State	City & State
23	28
Zip	County	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
02/23/1949	**04/18/1994**

4. FEI Number **59-0593307** ☐ 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 authority to transact business in Florida and has complied with the provisions of Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAUDYS, JONATHAN T **5520 BROADWAY** **W PALM BEACH, FL** **33407**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1916 and 607.1920, 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 607.1916, Florida Statutes.

SIGNATURE

(If changing Registered Agent, this signature must be that of the new Registered Agent) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PVSD**	☐ Change ☐ Addition
NAME **SHAUDYS, JONATHAN T**	
STREET ADDRESS **5520 BROADWAY**	
CITY-ST-ZIP **W PALM BEACH, FL 00000**	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and checked and is true for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*), or on an attachment with an asterisk.

SIGNATURE: Jonathan T. Shaudys 5/11/95 848-3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0246452 CP