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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:42

DOCUMENT # 331966 (2)

1. Corporation Name
AUTOMOTIVE WAREHOUSE INC. OF LAKELAND

Principal Place of Business	Mailing Address
611 ALICIA RD LAKELAND FL 33801	611 ALICIA RD LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1968
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1269161 ☐ 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

9. Name and Address of Current Registered Agent

TOMPKINS,PAUL B
1402 LESLIE DRIVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: Tompkins, M. Valerie
82 Street Address (P.O. Box Number is Not Acceptable): 11601 Biscayne Blvd., Suite 301
83
84 City: Miami FL 85 Zip Code: 33181

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: M. Valerie Tompkins M. Valerie Tompkins 1/31/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	S	☐ Change ☒ Addition
NAME	TOMPKINS,PAUL B	1.2 NAME	Tompkins, M. Valerie	
STREET ADDRESS	1014 ELVIRA	1.3 STREET ADDRESS	1407 Lisbon St.	
CITY-ST-ZIP	GEORGETOWN FL	1.4 CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE	VD	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	TOMPKINS,JOHN A.	2.2 NAME	Tompkins, John A	
STREET ADDRESS	2111 WILDWOOD LN	2.3 STREET ADDRESS	2111 Wildwood Ln	
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	Auburndale, Fl 33823	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	TOMPKINS,DORIS	3.2 NAME	Tompkins, Paul B	Delete
STREET ADDRESS	1014 ELVIRA	3.3 STREET ADDRESS	1014 Elvira	
CITY-ST-ZIP	GEORGETOWN FL	3.4 CITY-ST-ZIP	Georgetown Fl	
TITLE		4.1 TITLE		☒ Change ☐ Addition
NAME		4.2 NAME	Tompkins, Doris	Delete
STREET ADDRESS		4.3 STREET ADDRESS	1014 Elvira	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Georgetown Fl	
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: John Tompkins John Tompkins 2/8/95 (813) 688-7721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0312742 CP