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

3 1795 B- 02802 C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:35

DOCUMENT # 335979 (1)

1. Corporation Name
MCKEE MOTORS, INC.

Principal Place of Business	Mailing Address
3440 SOUTH PINE STREET OCALA FL 34471 US	3440 SOUTH PINE STREET OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/04/1968	3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1221574	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKEE,WALTER R 2310 SE 20 CIRCLE OCALA FL 32671	81 Name: MCKEE, MICHAEL R. 82 Street Address (P.O. Box Number is Not Acceptable): 830 S.E. 24TH AVENUE 83 OCALA, FL 34471 84 City: FL 85 Zip Code: 34471

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: MICHAEL R. MCKEE PRES. 3/14/95
Signature, typed or printed 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	~~MCKEE,WALTER R~~	1.2 NAME	MCKEE, MICHAEL R.	
STREET ADDRESS	~~2310 SE 20 CIRCLE~~	1.3 STREET ADDRESS	830 S.E. 24TH AVENUE	
CITY-ST-ZIP	~~OCALA FL~~	1.4 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKEE, MICHAEL R	2.2 NAME		
STREET ADDRESS	830 S.E. 24TH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	MCKEE, LOUISE (ASST)	3.2 NAME		
STREET ADDRESS	2310 SE 20 CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	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: MICHAEL R MCKEE PRES. 3/14/95 904-732-7537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0350030 CP