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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 14 PM 12:05

DOCUMENT # 511526 (6)

1. Corporation Name
TAMPA AUTO FLEA MARKET, INC.

Principal Place of Business	Mailing Address
6852 W. HILLSBOROUGH TAMPA FL 33634-5002	6852 W. HILLSBOROUGH TAMPA FL 33634-5002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 08/26/1976	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1811926	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. Does corporation have liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

CUSHING,JOHN R.
18703 GERACI ROAD
A-214
LUTZ FL 33549

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 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: _____ (If changing Registered Agent, Registered Agent's signature required below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CUSHING, JOHN R	12 NAME	
STREET ADDRESS	18703 GERACI ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CUSHING, JOHN R	22 NAME	
STREET ADDRESS	18703 GERACI ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	SAUER, ROBERT	32 NAME	
STREET ADDRESS	6114 SCHOONER WAY	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SAUER, ROBERT	42 NAME	
STREET ADDRESS	6114 SCHOONER WAY	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate 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 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 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Sauer Robert E. Sauer 2/9/95

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Date

Daytime Telephone Number: 813 885-2426

0302100 CP