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

APPROVED AND FILED
95 MAR 25 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 520940 (8)

1. Corporation Name
HAINES CITY MOTOR COMPANY

Principal Place of Business	Mailing Address
1550 US HIGHWAY 27 S P.O. BOX 1417 HAINES CITY FL 33845-1417	1550 US HIGHWAY 27 S P.O. BOX 1417 HAINES CITY FL 33845-1417

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/03/1977
3a. Date of Last Report: 04/13/1994

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: 59-1709304 ☐ 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

HIGGINS, JAMES K. JR.
8321 LAKE MARION RD W
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name: Warren J. Higgins
82 Street Address (P.O. Box Number is Not Acceptable): 8319 West Lake Marion Road
83
84 City: Haines City FL 85 Zip Code: 33844

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: Warren J. Higgins 3/16/95
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	PTD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HIGGINS, JAMES K. JR.	1.2 NAME	Warren J. Higgins	
STREET ADDRESS	8321 LAKE MARION RD W	1.3 STREET ADDRESS	8319 West Lake Marion Road	
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP	Haines City, Florida 33844	
TITLE	SVD	2.1 TITLE	V/T/D	☒ Change ☐ Addition
NAME	HIGGINS, OWEN R.	2.2 NAME	James K. Higgins III	
STREET ADDRESS	130 BREAM ST	2.3 STREET ADDRESS	8 East Lake Drive	
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	Haines City, Florida 33844	
TITLE	S	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	HIGGINS, OWEN R.	3.2 NAME	Wayne R. Higgins	
STREET ADDRESS	130 BREAM ST	3.3 STREET ADDRESS	3549 Kokomo Road	
CITY-ST-ZIP	HAINES CITY FL	3.4 CITY-ST-ZIP	Haines City, Florida 33844	
TITLE	T	4.1 TITLE		☒ Change ☐ Addition
NAME	HIGGINS, JAMES K. JR.	4.2 NAME	Delete	
STREET ADDRESS	8321 LAKE MARION RD W	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL	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: Warren J. Higgins 3/6/95 813 422 1167
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0448319 FP