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Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **677710** **(6)**

1. Corporation Name
AUTOTRONICS, INC.

Principal Place of Business	Mailing Address
5423 JACKSON AVE./ORANGE PK., FL./32065 PO BOX 60432 JACKSONVILLE FL 32236	5423 JACKSON AVE./ORANGE PK., FL./32065 PO BOX 60432 JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5625-7 VERNA Blvd	2a. Mailing Address 26 P.O. BOX 60432
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32205 / 25 USA	Zip / Country 29 32236 / 30 USA

3. Date Incorporated or Qualified
07/07/1980

4. FEI Number
59-2015740
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRICKLAND, SAMUEL E 5423 JACKSON AVE. ORANGE PK FL 32065	81 Name: DONALD S. BRINKLEY 82 Street Address (P.O. Box Number is Not Acceptable): 573 CHAFFEE RD. NORTH 83 84 City: JACKSONVILLE FL 85 Zip Code: 32220

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 [signature] DONALD S. BRINKLEY 4-1-98
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	P	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, SAMUEL E		12 NAME		
STREET ADDRESS	5423 JACKSON AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		14 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, TINA M.		22 NAME		
STREET ADDRESS	5423 JACKSON AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PK. FL		24 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BRINKLEY, DONALD S		32 NAME	DONALD S. BRINKLEY	
STREET ADDRESS	4808 LOFTY PINES CIRCLE EAST		33 STREET ADDRESS	573 CHAFFEE RD N.	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 [signature] 4/1/98

CR2E034 (10/97)