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 JAN 24 PM 2:55

DOCUMENT # **809762** **(8)**

1. Corporation Name
DARBY AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
5170 S. TAMIAMI TRAIL P.O. BOX 21479 SARASOTA FL 34230	5170 S. TAMIAMI TRAIL P.O. BOX 21479 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/14/1954**
3a. Date of Last Report: **04/06/1994**

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

4. FEI Number: **59-0715229** ☐ 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

DARBY, C. CONRAD III
3616 BENEVA OAKS BV
SARASOTA FL 34238

10. Name and Address of New Registered Agent

(81) Name
(82) Street Address (P.O. Box Number Is Not Acceptable)
(83)
(84) City **FL** (85) Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE		☐ Change ☐ Addition
NAME	SHORE, SANDRA M	1.2 NAME		
STREET ADDRESS	5738 DEER HOLLOW LANE WEST	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	DT	2.1 TITLE	P/D	☑ Change ☐ Addition
NAME	FROST, SCOTT F	2.2 NAME		
STREET ADDRESS	908 BECKLEY DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP		
TITLE	DC	3.1 TITLE		☐ Change ☐ Addition
NAME	DARBY, C. CONRAD III	3.2 NAME		
STREET ADDRESS	3616 BENEVA OAKS BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	RATZEL, JAMES E	4.2 NAME		
STREET ADDRESS	214 WOODINGHAM TRAIL	4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DARBY, MARGARET C.	5.2 NAME		
STREET ADDRESS	831 FREELING DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	DS	6.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, ROBIN J	6.2 NAME		
STREET ADDRESS	2380 BROWNING ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237	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: Sandra M Shore Pres. 1-18-95 813-922-1531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SANDRA M. SHORE

0465003 FP