FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name F61174 (1)FREDDY CURTIS AUTO'S INC. Principal Place of Business Mailing Address 808 SOUTH HOPKINGS AVE 806 SOUTH HOPKINGS AVE TITUSVILLE FL 32780 TITUSVILLE FL 32780 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1982 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 59-2163712 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 30 X Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent CURTIS, FREDDY 808 SOUTH HOPKINS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 Zło 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHÂNGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE **CURTIS, FREDDY** NAME E034 1.2 NAME STREET ADDRESS **808 SOUTH HOPKINS AVENUE** 1.3 STREET ADDRESS TITUSVILLE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP SECRETORY & BREOSURE Addition DELETE Change TITLE 2.1 TITLE Scartary & Trame Barbara curtis michelle mack NAME 2.2 NAME 3441 BERBORD Hame 2644 Folsom Rd 2.3 STREET ADDRESS STREET ADDRESS mims Fla CITY-ST-ZIP Tilusville 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change __ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this santial report or supplemental annual report is trule 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 irrefee 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. 409-268-0531 SIGNATURE:

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP