FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F75306 (3)

1. Corporation Name
BASNEY MOTORS, INC.

Principal Place of Business
3635 FOWLER ST.
FT. MYERS FL 33901
US

Mailing Address
3635 FOWLER ST
FT MYERS FL 33901
US

3. Date Incorporated or Qualified: 04/06/1982
3a. Date of Last Report: 02/28/1995

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: 59-2502294 — 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
BASNEY ROBERT J
33 GRAY WING POINTE
NAPLES FL 33962

10. Name and Address of New Registered Agent
81 Name: THOMAS L EVANS
82 Street Address (P.O. Box Number is Not Acceptable): 5550 TRAIL WINDS #622
83
84 City: FT MYERS FL 85 Zip Code: 33907

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: THOMAS L EVANS — Signature (typed or printed name of registered agent and title if applicable) — Registered Agent Signature (required when filing) — Date 7.2.96

12. OFFICERS AND DIRECTORS

TITLE	PS	☒ DELETE
NAME	BASNEY, ROBERT J.	
STREET ADDRESS	33 GRAY WINT POINTE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPT	☒ DELETE
NAME	BASNEY, THOMAS E.	
STREET ADDRESS	51360 HUNTING RIDGE TRL	
CITY-ST-ZIP	GRANGER IN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES-SECY D	☒ Change ☒ Addition
1.2 NAME	THOMAS L EVANS	
1.3 STREET ADDRESS	5550 TRAIL WINDS #622	
1.4 CITY-ST-ZIP	FT MYERS FL 33907	
2.1 TITLE	MARUA A EVANS	☒ Change ☒ Addition
2.2 NAME	VP-S D	
2.3 STREET ADDRESS	5550 TRAIL WINDS #622	
2.4 CITY-ST-ZIP	FT MYERS FL 33901	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001887132	☐ Change ☐ Addition
5.2 NAME	-07/09/96--01027--028	
5.3 STREET ADDRESS	***233.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

7-8-96

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)(k), 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: THOMAS L EVANS 7/2/96 941 2779200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)