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2-7-95 B-934-C

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 FEB -7 PM 2:52

DOCUMENT # H03694 (7)

1. Corporation Name
TRUE VALUE AUTO SALES, INC.

Principal Place of Business	Mailing Address
% REFORD R. GLIDEWELL 5115 OLD WINTER GARDEN ROAD ORLANDO FL 32811	% REFORD R. GLIDEWELL 5115 OLD WINTER GARDEN ROAD ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1984
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2432482 ☐ 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

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

9. Name and Address of Current Registered Agent

GLIDEWELL, REFORD R.
5115 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

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	P	1.1 TITLE	S ☐ Change ☒ Addition
NAME	GLIDEWELL, REFORD R.	1.2 NAME	Barbara Glidewell
STREET ADDRESS	5995 ALBETH RD	1.3 STREET ADDRESS	5995 Albeth Road
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, Fl. 32810
TITLE		2.1 TITLE	VP ☐ Change ☒ Addition
NAME		2.2 NAME	David R. Glidewell
STREET ADDRESS		2.3 STREET ADDRESS	1311 N. John Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, Fl. 32808
TITLE		3.1 TITLE	T ☐ Change ☒ Addition
NAME		3.2 NAME	Sandra D. Maddox
STREET ADDRESS		3.3 STREET ADDRESS	5319 N. Pine Hills Cr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, Fl. 32808
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: Barbara Glidewell Barbara Glidewell 1-30-95 407-295-7093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060400 CP