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

APPROVED AND FILED
95 JUN 22 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H12920** **(5)**

1. Corporation Name
GREATER ORLANDO AUTO AUCTION, INC.

100001522411
-06/23/95--01089--001
****900.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1313 THORPE ROAD ORLANDO FL 32824	1313 THORPE ROAD ORLANDO FL 32824

3. Date Incorporated or Qualified: **07/19/1984**
3a. Date of Last Report: **03/24/1994**

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: **59-2445863** ☐ 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

MCKNIGHT, F. DOUGLAS
13 W. PINE STREET, SUITE 201
ORLANDO FL 32801

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	GM	11 TITLE		☐ Change ☐ Addition
NAME	MAAS, RON	12 NAME		
STREET ADDRESS	1313 THORPE AVE	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP		
TITLE	GM	21 TITLE		☐ Change ☐ Addition
NAME	BINNS, BOB	22 NAME		
STREET ADDRESS	1313 THORPE RD	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	MACKINZIE, CHERYLE	32 NAME		
STREET ADDRESS	1313 THORPE RD	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP		
TITLE	DP	41 TITLE		☐ Change ☐ Addition
NAME	HECKER, DENNIS E	42 NAME		
STREET ADDRESS	1313 THORPE RD	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	WHELAN, JOHN	52 NAME		
STREET ADDRESS	1313 THORPE RD	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP		
TITLE	DV	61 TITLE		☐ Change ☐ Addition
NAME	COLEBANK, PATRICK	62 NAME		
STREET ADDRESS	1313 THORPE RD	63 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP		

6/22/95 MS

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: Cheryle mackenzie 5-29-95 (407) 851-3100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0064530 CP