

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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # H12920 (5)

1. Corporation Name

GREATER ORLANDO AUTO AUCTION, INC.



Principal Place of Business

1313 THORPE ROAD
ORLANDO FL 32824

Mailing Address

1313 THORPE ROAD
ORLANDO FL 32824

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/19/1984

3a. Date of Last Report

06/22/1995

4. FEI Number

59-2445863

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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

Tanya M. Villar

TANYA M. VILLAR

SPECIAL ASSISTANT SECRETARY

4-12-96

Signature typed or printed name of registered agent, if applicable

Date

12. OFFICERS AND DIRECTORS

TITLE	GM	<input checked="" type="checkbox"/> DELETE
NAME	MAAS, RON	
STREET ADDRESS	1313 THORPE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	GM	<input checked="" type="checkbox"/> DELETE
NAME	BINNS, BOB	
STREET ADDRESS	1313 THORPE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MACKINZIE, CHERYLE	
STREET ADDRESS	1313 THORPE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HECKER, DENNIS E	
STREET ADDRESS	1313 THORPE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHELAN, JOHN	
STREET ADDRESS	1313 THORPE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	COLEBANK, PATRICK	
STREET ADDRESS	1313 THORPE RD	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	SVP, CFO, AS
11. STREET ADDRESS	JOYCE PERRY
12. CITY-ST-ZIP	1313 THORPE RD.
13. CITY-ST-ZIP	ORLANDO, FL 32824
14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-ST-ZIP	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Wheeler Secretary 4/4/96

Date of Filing

CR2E034 (12/95)