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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:50

DOCUMENT # **H34281** **(6)**

1. Corporation Name
AUTO PLACEMENT CENTER, INC.

Principal Place of Business	Mailing Address
160 AMARAL ST 4114 NORTHLAKE BLVD..STE. 301 EAST PROVIDENCE RI 02915 US	160 AMARAL ST. 4114 NORTHLAKE BLVD..STE. 301 EAST PROVIDENCE RI 02915 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 *160 Amaral Street*	26 *160 Amaral Street*
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 *East Providence, RI*	City & State 28 *East Providence, RI*
Zip / Country 24 *02915* / 25	Zip / Country 29 *02915* / 30

4. FEI Number: 59-2478026 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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	SVD	11 TITLE	*SPD*	☒ Change ☐ Addition
NAME	LYONS, ROBERT P., JR.	12 NAME	*Lyons, Robert P., Jr.*	
STREET ADDRESS	160 AMARAL STREET	13 STREET ADDRESS	*160 Amaral Street*	
CITY-ST-ZIP	E. PROVIDENCE RI	14 CITY-ST-ZIP	*East Providence, RI 02915*	
TITLE	TPD	21 TITLE	*TD*	☒ Change ☐ Addition
NAME	LYONS, ROBERT P., SR.	22 NAME	*Lyons, Robert P., Sr.*	
STREET ADDRESS	160 AMARAL STREET	23 STREET ADDRESS	*160 Amaral Street*	
CITY-ST-ZIP	E. PROVIDENCE RI	24 CITY-ST-ZIP	*East Providence, RI 02915*	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 blank.

SIGNATURE: *Robert P. Lyons, Jr. - President* 401-434-8760
SIGNATURE AND TYPE OR PRINTED NAME OF ADMIN OFFICER OR DIRECTOR — Title — Daytime Phone #

0405040 FN