May 21, 2001 8:00 am Secretary of State DOCUMENT # 1. Entity Name 05-21-2001 90037 042 ***150.00 Bill Hill's Automotive Enterprises, Inc. Principal Place of Business Mailing Address 523 13th Street 523 13th Street St. Cloud, Florida St. Cloud, Florida 34769-4501 34769-4501 658708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4 FEI Number Applied For 59-2622136 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AnnèeG. Christopher Christopher, Jeffrey F. 319 16th Street St. Cloud, Florida 34769-4501 Zip Code 34769-4501 St. Cloud 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ANNE 6. Christopher (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (11/00)President TITLE NAME Christopher, Jeffrey F. NAME STREET ADDRESS 319 16th Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St. Cloud, Florida 34769-4501 TITLE Director TITLE ☐ Change ☐ Addition NAME Christopher, Anne G. STREET ADDRESS STREET ADDRESS 319 16th Street CITY-ST-ZIP CITY-ST-ZIP St. Cloud, Florida 34769-4501 TITLE ☐ Addition Director NAME NAME Allen, Donald E. STREET ADDRESS STREET ADDRESS 1726 West Acre Drive CITY-ST-ZIP CITY-ST-ZIP St. Cloud, Florida TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

2001 Uniform Business Report (UBR)

SIGNATURE:

FILED

407 892-0511 07

407-8929091