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 20 AM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001519021
-06/21/95--01033--024
****200.00 ****200.00

DOCUMENT # **J34088** **(1)**

1. Corporation Name

MOTORCITY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~3030 HARTLEY RD.~~ ~~200~~ JACKSONVILLE FL 32257 US	~~3030 HARTLEY RD.~~ ~~200~~ JACKSONVILLE FL 32257 US

3. Date Incorporated or Qualified: 09/15/1986
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22: 10110 San Jose Blvd	Suite, Apt. #, etc. 27: 10110 San Jose Blvd.
City & State 23: Jacksonville, FL	City & State 28: Jacksonville FL
Zip 24: 32257 Country 25: USA	Zip 29: 32257 Country 30: USA

4. FEI Number: 59-2728339 ☐ 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
FORD, ROBERT A. ~~3030 HARTLY ROAD~~ ~~SUITE 200~~ ~~JACKSONVILLE FL 32257~~	01 Name: Robert A. Ford 02 Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Blvd. 03 04 City: Jacksonville FL 05 Zip Code: 32257

11. Pursuant to the provisions of Section 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: Robert Ford (Signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when new agent) DATE: 1/16/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition PTD
NAME	HESS, DAVID S.	12 NAME	Hess, David S.
STREET ADDRESS	10150 BELLE RUE BLVD #2506	13 STREET ADDRESS	9417 Cooper Town Pike
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Locust Fulls, VA 22060
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	HESS, EDWARD D	22 NAME	
STREET ADDRESS	6916 BLANDING BLVD	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
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	CH

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 added on an attachment with an address.

SIGNATURE: David S. Hess Pres 4/3/95 703-759-0930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002070 CP