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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J36235

1. Corporation Name
BIG C AUTO CENTER, INC.

Principal Place of Business	Mailing Address
9875 ATLANTIC BLVD. JACKSONVILLE FL 32225-6552	9875 ATLANTIC BLVD. JACKSONVILLE FL 32225-6552

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10979 Atlantic Blvd	2a. Mailing Address 26 10979 Atlantic Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fl	City & State 28 Jacksonville, Fl
Zip 24 32225 Country 25 U.S.	Zip 29 32225 Country 30 U.S.

3. Date Incorporated or Qualifed: 10/03/1986

4. FEI Number: 59-2729012 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARUSO, JOHN E.
9875 ATLANTIC BLVD.
STE 800
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name: John E. Caruso
82 Street Address (P.O. Box Number is Not Acceptable): 10979 Atlantic Blvd
83
84 City: Jacksonville FL 85 Zip Code: 32225

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 X J E CARUSO DATE 1/14/99
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	DP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	CARUSO, JOHN E.		1.2 NAME		
STREET ADDRESS	9875 ATLANTIC BLVD.		1.3 STREET ADDRESS	10979 Atlantic Blvd	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, Fl 32225	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	CARUSO, JO ANN		2.2 NAME		
STREET ADDRESS	9875 ATLANTIC BLVD.		2.3 STREET ADDRESS	10979 Atlantic Blvd	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Fl 32225	
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	CARUSO, JOHN MICHAEL		3.2 NAME		
STREET ADDRESS	9875 ATLANTIC BLVD.		3.3 STREET ADDRESS	10979 Atlantic Blvd	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, Fl 32225	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: X J E CARUSO 1/14/99 904-642-5650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #