FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # (4)J65059 EDDIE'S CAR CARE CENTER, INC. Principal Place of Business Mailing Address % EDWARD ARTHUR BROWNE % EDWARD ARTHUR BROWNE 601 S EVERS ST 601 S EVERS ST DO NOT WRITE IN THIS SPACE PLANT CITY FL 33566 PLANT CITY FL 33566 3. Date Incorporated or Qualified 04/01/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2779558 Not Applicable Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio Country 8. This corporation owes or has paid the current year Intangible ___ Yes 30 Personal Property Tax due June 30. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BROWNE, EDWARD ARTHUR 601 S EVERS ST 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 83 84 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. Edwar ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change TITLE DELETE 1.1 TITLE Addition R. THEMPSON, 31 BROWNE, EDWARD ARTHUR NAME 1.2 NAME JAMES 1107 N. COLDON ST. 601 S EVERS ST STREET ADDRESS 1.3 STREET ADDRESS 33566-3807 PLANT CITY FL PLANT CATY. CITY - ST- 7/P 1.4 CITY - ST - 7IP DELETE nottibha TITLE 2.1 TITLE NAME 2,2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST- ZIP DELETE ☐ Change Addition Addition TITLE 3.1 TITLE 3.2 NAME **33 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP L DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY~ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

Addition

6.1 TITLE

6.2 NAME

☐ DELETE

CITY - ST - ZIP

STREET ADDRESS

NAME