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 MAY -1 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K35239 (8)

1. Corporation Name
CAR-FAB OF FLORIDA, INC.

Principal Place of Business
623 PLEASANT STREET
LAKE HELEN FL 32744-3523

Mailing Address
623 PLEASANT STREET
LAKE HELEN FL 32744-3523

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/29/1988**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-2915575** — 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
FOGLE, J DANA
217 E PLYMOUTH AVE
DELAND FL 32724

10. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	DPT	☒ Change ☐ Addition
NAME	EVANS, LOUISE	12 NAME	EVANS, GWILYM	
STREET ADDRESS	2411 FOUNDER COURT	13 STREET ADDRESS	2411 FOUNDER COURT	
CITY - ST - ZIP	DELTONA FL	14 CITY - ST - ZIP	DELTONA FL	
TITLE	DVS	21 TITLE		☐ Change ☐ Addition
NAME	EVANS, BARRY M.	22 NAME		
STREET ADDRESS	2411 FOUNDER CT	23 STREET ADDRESS		
CITY - ST - ZIP	DELTONA FL	24 CITY - ST - ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	EVANS, ALAN J.	32 NAME		
STREET ADDRESS	2327 SALEM	33 STREET ADDRESS		
CITY - ST - ZIP	DELTONA FL	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 110.07(3)(k), 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.

SIGNATURE: Barry M. Evans — 4/24/95 — 904-228-2000
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
Barry M. Evans, VP

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