SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K78404** **(6)**

1. Corporation Name

TRI-CITY'S AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
851 W ALFRED ST TAVARES FL 32778	851 W ALFRED ST TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1989	3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-2941607	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
7. This corporation has liability for corporate tax under s. 220.02, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

MAXWELL, RICHARD D.
851 W ALFRED ST
TAVARES FL 32778

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 (Required if this is a change of registered agent. Registered agent's signature required for reinstatement.) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: MAXWELL, RICHARD D. STREET ADDRESS: 737 E ROSEWOOD LANE CITY-ST-ZIP: TAVARES FL	32778 ☒ Change ☐ Addition
TITLE: DS NAME: MAXWELL, LINDA E. STREET ADDRESS: 737 E ROSEWOOD LANE CITY-ST-ZIP: TAVARES FL	32778 ☒ Change ☐ Addition
TITLE: DT NAME: BERNIER, VELVET M STREET ADDRESS: 601 S FLORIDA AVE CITY-ST-ZIP: HOWEY-IN-THE-HILLS FL	DT Bernier, Velvet M. 1069 Greenway Hwy. Tavares, FL 32778 ☒ Change ☐ Addition
TITLE: DV NAME: MAXWELL, DAVID A. STREET ADDRESS: 737 ROSEWOOD LN CITY-ST-ZIP: TAVARES FL	DV Maxwell, David A. 17405 S.E. 252 Ave. Umatilla, FL 32784 ☒ Change ☐ Addition
TITLE: DV NAME: MAXWELL, RICHARD D., JR. STREET ADDRESS: 1115 NE 30TH ST CITY-ST-ZIP: OAKLAND PARK FL	DV Maxwell, Richard D. Jr. 401 N.E. 26 Drive Wilton Manors, FL 33334 ☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E034 (3/95)

14. I/We hereby certify that the information supplied with this filing is currently true 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 on an attachment with an address.

SIGNATURE: Velvet M. Bernier Velvet M. Bernier 6/18/95 (904) 343-2181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0133007 FP