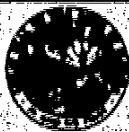


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K93977 (2)

1. Corporation Name

DELAND AUTO VILLAGE, INC.

Principal Place of Business

**1117 N WOODLAND BV
DELAND FL 32720**

Mailing Address

**1117 N WOODLAND BV
DELAND FL 32720**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1989

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2950963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.037,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 319 S. SPRING GARDEN AVE

2a. Mailing Address

26 319 S. SPRING GARDEN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DELAND, FL

City & State

28 DELAND, FL

Zip

24 32720

Country

25 VOLUSIA

Zip

29 32720

Country

30 VOLUSIA

9. Name and Address of Current Registered Agent

**NEELY, JAMES E.
1117 N. WOODLAND BLVD
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

319 S. SPRING GARDEN AVE.

83

84 City

DELAND

85 FL

86 Zip Code

32720

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

Jim Neely
Signature, typed or printed name of registered agent and date if applicable

Jim Neely
(NOTE: Registered Agent signature required when reappointing)

DATE

3/25/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST/ PRESIDENT
NEELY, JAMES E.
600 N. BOUNDARY, #115C
DELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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:

Jim Neely Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/95
Date

9047365406
Daytime Phone #

As per conversation w/ James Neely (Jim Neely) 4-12-95