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.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1117 N WOODLAND BV DELAND FL 32720	1117 N WOODLAND BV DELAND FL 32720

3. Date Incorporated or Qualified: **06/08/1989**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business	2a. Mailing Address
21 319 S. SPRING GARDEN AVE	26 319 S. SPRING GARDEN AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DELAND, FL	City & State 28 DELAND, FL
Zip 24 32720 Country 25 VOLUSIA	Zip 29 32720 Country 30 VOLUSIA

4. FEI Number: **59-2950983** ☐ 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	10. Name and Address of New Registered Agent
NEELY, JAMES E. **1117 N. WOODLAND BLVD** **DELAND FL 32720**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 319 S. SPRING GARDEN AVE. 83 84 City DELAND FL 85 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: Neely Pres Jim Neely — DATE: 3/25/95
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	ST/ PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	NEELY, JAMES E.	1.2 NAME	
STREET ADDRESS	600 N. BOUNDRY, #115C	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Neely Pres Jim Neely Pres — 3/25/95 — 9047385406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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