SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** L02145 (5)NATIONAL CHEVY/GMC TRUCK ASSOCIATION, INC Principal Place of Business Mailing Address **% DANNY B. HOWELL** % DANNY B. HOWELL 2166 S. ORANGE BLOSSOM TRAIL 2166 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703 APOPKA FL 32703 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1989 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 59-2957117 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation has liability for intangible tax under s. 199 032, Zio Yes No 24 Florida Statutes 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HOWELL, DANNY B 2166 S. ORANGE BLOSSOM TRAIL Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 83 84 City 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 (hOTE Registered Agent signature required when reinstitting) DATE Signature, typed or printed name of registered agent and title if applicable (36/8)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 111006 HOWELL, DANNY B. 1.2 NAME NAME STREET ADDRESS 2166 S ORANGE BLOSSOM TR 13 STREET ADDRESS APOPKA FL 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3 | TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST-ZIP 3.4 CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - Z-P DELETE Change Addition TITLE 5.1 TITLE 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-71P 5 4 CITY - ST- ZIP DELETE Change Addition 61 TITLE TITLE 6 2 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP DITY-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)(x). Florida Statutes 1 further certify that the information inflicated on this annual report or suppliemental 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 of director of the corporation or the receipts of trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 it Block 13 if changed, or on an attachment with an address

AND TYPED OR PRINTED NAME OF SIGNING OFFI ER OR DIRECTOR

6-5-96 407-889-5549