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 18 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L23258 (1)

1. Corporation Name
FIVE FLAGS AUTO SALES, INC.

Principal Place of Business	Mailing Address
% BOB GRONIN 4070 N US HWY 17. P O BOX 28. DELAND DELEON SPRINGS FL 32720	% BOB GRONIN 4070 N US HWY 17. P O BOX 28. DELAND DELEON SPRINGS FL 32720

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Keith Pillow	26 c/o Keith Pillow
Suite, Apt. #, etc. 22 4070 N US Hwy 17	Suite, Apt. #, etc. 27 4070 N US Hwy 17
City & State 23 DeLand , FL	City & State 28 DeLand , FL
Zip / Country 24 32720 / 25	Zip / Country 29 32720 / 30

4. FEI Number: 59-2070320 ☐ 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

GRONIN, BOB
4070 N HWY 17
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: Keith Pillow
82 Street Address (P.O. Box Number is Not Acceptable): 4070 N. Highway 17
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: Keith Pillow 7-12-95
(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	DPS	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	GRONIN, BOB	1.2 NAME	Pillow, Keith	
STREET ADDRESS	4070 N HWY 17	1.3 STREET ADDRESS	4070 N. Highway 17	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DeLand, FL 32720	
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		

CR2E034 (3/95)

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: Keith Pillow 7-12-95 904 9850304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131667 FP