SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:19

DOCUMENT # L75904 (7)

1. Corporation Name
25TH STREET AUTO SALES, INC.

Principal Place of Business	Mailing Address
2228 OKEECHOBEE ROAD FORT PIERCE FL 34950 US	2228 OKEECHOBEE ROAD FORT PIERCE FL 34950 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1990
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business
21: 2433-B OKEECHOBEE RD.
22 Suite, Apt. #, etc.:
23 City & State: FT. PIERCE, FL
24 Zip: 34950 25 Country: U.S.

2a. Mailing Address
26: 4909 MAGNOLIA AVE
27 Suite, Apt. #, etc.:
28 City & State: FT. PIERCE, FL
29 Zip: 34982 30 Country: U.S.

4. FEI Number: 59-3021864 ☐ 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

PARKER, ROBERT E. III
4909 MAGNOLIA AVE.
FT. PIERCE FL 34982

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 _____ DATE
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, MINNIE W.	1.2 NAME	
STREET ADDRESS	1200 CHARLOTTA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	KEANE, NANCY L.	2.2 NAME	
STREET ADDRESS	2102 SOUTH 26TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, ROBERT E.	3.2 NAME	
STREET ADDRESS	4909 MAGNOLIA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	KEANE, NANCY L.	4.2 NAME	
STREET ADDRESS	2102 S. 26TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	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)(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: Robert E. Parker ROBERT E. PARKER 8/3/95 407-465-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110270 CP