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 MAR 15 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84506 (9)

1. Corporation Name
NICK POTTS TRUCK AND AUTO SALES, INC.

Principal Place of Business	Mailing Address
29320 S.W. 193RD AVENUE HOMESTEAD FL 33030	29320 S.W. 193RD AVENUE HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1990
3a. Date of Last Report: 01/28/1994

21 2. Principal Place of Business	26 2a. Mailing Address
29949 S. Federal Highway	29949 S. Federal Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HOMESTEAD FL	28 City & State: Homestead FL
24 Zip: FL 33033 25 County: Dade	29 Zip: 33033 30 Country: Dade

4. FEI Number: 65-0250250 ☐ 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

POTTS, ROY F., JR
29320 S.W. 193RD AVENUE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	POTTS, ROY F., JR	1.2 NAME	
STREET ADDRESS	29320 S.W. 193RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	POTTS, GAIL A	2.2 NAME	
STREET ADDRESS	19320 SW 193 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE V	☒ Change ☐ Addition
NAME	OVDIYENKO, VICTOR	3.2 NAME JOE HORNER	
STREET ADDRESS	1118 GRAND STREET	3.3 STREET ADDRESS 265 S. Thomas Ave.	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP Key Largo FL 33037	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	RADCLIFFE, HAROLD	4.2 NAME	
STREET ADDRESS	510 NW 22ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD 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	

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: [signature] 3-07-95 305 246 1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ROY F. POTTS JR

0009270 CP