FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

2-2-95 E-965

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 FEB -7 PM 4:07

DOCUMENT # M73875 (0)

1. Corporation Name
PMA AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
3820 SW ARCHER RD. GAINESVILLE FL 32608	3820 SW ARCHER RD. GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1988
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21 2307 NW 63RD TERRACE
22 Suite, Apt. #, etc.
23 City & State: GAINESVILLE, FLORIDA
24 Zip: 32606 25 Country: USA

2a. Mailing Address
26 2307 NW 63RD TERRACE
27 Suite, Apt. #, etc.
28 City & State: GAINESVILLE, FLORIDA
29 Zip: 32606 30 Country: USA

4. FEI Number: 59-2922320 ☐ 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

KROLL, RICHARD
3820 SW ARCHER RD.
640 NW 34TH ST.
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name: RICHARD D KROLL
82 Street Address (P.O. Box Number is Not Acceptable): 2307 NW 63RD TERRACE
83
84 City: GAINESVILLE FL 85 Zip Code: 32606

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: RICHARD D KROLL — 1/21/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	KROLL, RICHARD D.
STREET ADDRESS	3820 SW ARCHER RD.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DIRECTOR	☑ Change ☐ Addition
1.2 NAME	RICHARD D KROLL	
1.3 STREET ADDRESS	2307 NW 63RD TERRACE	
1.4 CITY-ST-ZIP	GAINESVILLE, FLORIDA 32606	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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~~ changed, or on an attachment with an address.

SIGNATURE: RICHARD D KROLL 1/21/95 904/378-2597
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0034607 CP