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 #** M99921 (2)ROGER D. BARFIELD AUTOMOTIVE, INC. Principal Place of Business Mailing Address 3650 HAVENDALE BLVD. 3650 HAVENDALE BLVD. **AUBURNDALE FL 33823 AUBURNDALE FL 33823** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1988 07/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2916436 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tay under s. 199 032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARFIELD, ROGER D. **572 SOMERSET DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) AUBURNDALE FL 33823 83 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or priced noniniphregetered agent and offeld applicable (NOTE: Flegistered Agent signature required when releasting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DPS DELETE 1.1 TITLE Change Addition NAME BARFIELD, ROGER D. 1.2 NAME CR2E034 STREET ADDRESS 3650 HAVENDALE BLVD. 13 STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP 14 CITY-ST ZIP TITLE DELETE 2 LTITLE Change Addition NAME BARFIELD, ROGER D. 2.2 NAME STREET ADDRESS 3650 HAVENDALE BLVD. 2.3 STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 2 4 CITY - ST - 7IP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY-ST-7IP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TILLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 City - St - ZiP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the i shed and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes 1 If annual report is true and accurate and that my signature shall have the same legal effect as if are or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and rmation supplied w further certify that the informade under oath, that I and Ation indicated on the ual report or supemen that my name appears in vith an address SIGNATURE: 941-967-5463 7-8-97

GNING OFFICER OF DIRECTOR