FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002261 (6)

1. Corporation Name
CARS & RODS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3923 MIDDLESEX PLACE SARASOTA FL 34241	3923 MIDDLESEX PLACE SARASOTA FL 34241

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 03/07/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0460116 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2438 Stratford Dr	26 2438 Stratford Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, Fl	City & State 28 Sarasota, Fl
Zip / Country 24 34232 / 25 Sarasota	Zip / Country 29 34232 / 30 Sarasota

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAPMAN, ANNETTE 3923 MIDDLESEX PLACE SARASOTA FL 34241	81 Name: Jonette Scott 82 Street Address (P.O. Box Number is Not Acceptable): 2438 Stratford Dr 83 84 City: Sarasota FL 85 Zip Code: 34232

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: Annette Chapman, Secretary 3-6-95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CHAPMAN, JOHN	12 NAME	Chapman, John	
STREET ADDRESS	5255 BOX TURTLE CIR.	13 STREET ADDRESS	3923 Middlesex Place	
CITY-ST-ZIP	SARASOTA FL 34232	14 CITY-ST-ZIP	Sarasota, Fl 34241	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SCARBROUGH, GARY	22 NAME	Backhus, Ed	
STREET ADDRESS	2040 STRATFORD DR.	23 STREET ADDRESS	5309 Winewood Dr	
CITY-ST-ZIP	SARASOTA FL 34232	24 CITY-ST-ZIP	Sarasota, Fl 34232	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	CHAPMAN, ANNETTE	32 NAME	Scott, Jonette	
STREET ADDRESS	3923 MIDDLESOX PL.	33 STREET ADDRESS	2438 StratFord Dr	
CITY-ST-ZIP	SARASOTA FL 34241	34 CITY-ST-ZIP	Sarasota, Fl 34232	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	RUDGE, JACKI	42 NAME	Rudge, Tom	
STREET ADDRESS	6776 MAUNA LOA BLVD.	43 STREET ADDRESS	6776 Mauna Loa Blvd	
CITY-ST-ZIP	SARASOTA FL 34241	44 CITY-ST-ZIP	Sarasota, Fl 34241	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jonette Scott Jonette Scott 2-6-95 813-371-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003819