

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005178

1. Corporation Name

AUTOMOTIVE INDUSTRY EDUCATIONAL TRUST, INC.

Principal Place of Business

1515 WELLS ROAD
ORANGE PARK FL 32073
US

Mailing Address

1515 WELLS ROAD
ORANGE PARK FL 32073
US

FILED
Apr 23, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/13/1994

4. FEI Number

59-7031715

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRIFFIN, BARRY W
1515 WELLS RD
ORANGE PRK FL 32073

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D PERRY, TOM**
STREET ADDRESS **4660 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32245**

TITLE ☐ DELETE
NAME **T GRIFFIN, BARRY W**
STREET ADDRESS **1515 WELLS RD**
CITY-ST-ZIP **ORANGE PRK FL 32073**

TITLE ☐ DELETE
NAME **D KURZ, LARRY**
STREET ADDRESS **11982 NEW KINGS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ DELETE
NAME **D ALLEN, IRA**
STREET ADDRESS **7238 ATLANTIC BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ DELETE
NAME **D HALL, FRANK**
STREET ADDRESS **10600 ATLANTIC BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ DELETE
NAME **D HOLECHEK, JOHN**
STREET ADDRESS **1701 PRUDENTIAL DR**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Barry W Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1999 (904) 269-1033
Date Daytime Phone #

EXT 214

CR2E037 (1/98)