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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 1:40

DOCUMENT # **P20984** **(1)**

1. Corporation Name
HIGHWAY VALETS, INC.

Principal Place of Business	Mailing Address
170 EAST MAIN STREET NORWALK OH 44857	170 EAST MAIN STREET NORWALK OH 44857

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/21/1988**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **34-1182515** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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: Shirleen McQuerrey, Pres. — DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Delete Laura Boomer. ☐ Change ☐ Addition
NAME	MCQUERREY, SHIRLEEN	12 NAME	Laura Boomer got married and
STREET ADDRESS	170 E. MAIN STREET	13 STREET ADDRESS	became Laura Taylor.
CITY-ST-ZIP	NORWALK OH	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BOOMER, LAURA L.	22 NAME	
STREET ADDRESS	170 E. MAIN STREET	23 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, LAURA L.	32 NAME	
STREET ADDRESS	170 E. MAIN STREET	33 STREET ADDRESS	
CITY ST ZIP	NORWALK OH	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	THEISEN, LOUIS P.	42 NAME	
STREET ADDRESS	170 E. MAIN STREET	43 STREET ADDRESS	
CITY ST ZIP	NORWALK OH	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	THEISEN, KEVIN P.	52 NAME	
STREET ADDRESS	170 E. MAIN STREET	53 STREET ADDRESS	
CITY ST ZIP	NORWALK OH	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirleen McQuerrey — SHIRLEEN M. McQUERREY — 4/4/95 — 419-668-9771
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0480349 PN