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 MAR 17 AM 10:16

DOCUMENT # P93000020147 (3)

1. Corporation Name
ALTERNATIVE AUTOMOTIVE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
979 S PACKINGHOUSE RD SARASOTA FL 34232 US	2940 S. TAMIAMI TRAIL SARASOTA FL 34293

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26 979 S. Packinghouse Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Sarasota, Florida
Zip / Country 24 / 25	Zip / Country 29 34232 / 30 USA

3. Date Incorporated or Qualified: 03/17/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0395804 ☐ 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

JUDD, STEVEN H
2940 S. TAMIAMI TRAIL
SARASOTA FL 34239

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	P/D ☑ Change ☐ Addition
NAME	WALTERS, STEVEN J	1.2 NAME	WALTERS, Steven J.
STREET ADDRESS	4015 CONDOR LANE	1.3 STREET ADDRESS	4015 Condor Lane
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, Florida 34232
TITLE	VPT	2.1 TITLE	V/T/D ☑ Change ☐ Addition
NAME	WALTERS, JENNIFER L	2.2 NAME	WALTERS, Jennifer L
STREET ADDRESS	4015 CONDOR LANE	2.3 STREET ADDRESS	4015 Condor Lane
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Florida 34232
TITLE		3.1 TITLE	S ☐ Change ☑ Addition
NAME		3.2 NAME	WALTERS, LARRY L
STREET ADDRESS		3.3 STREET ADDRESS	8065 Via Fiore
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sarasota, Florida 34238
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Steven J. Walters 3/10/95 (813) 379-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344386 CP