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 CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000025269 (0)**

1. Corporation Name
SOUTH CAUSEWAY MOBIL, INC.

Principal Place of Business
690 3RD AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address
690 3RD AVENUE
NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified: **04/02/1993**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-3175763** — 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
GENEREUX, PAUL J JR.
2750 SOUTH RIDGEWOOD AVENUE
STE. B-4
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent
81 Name: Edward Artuck
82 Street Address (P.O. Box Number is Not Acceptable): 824A N. DIXIE FREEWAY
83
84 City: NEW SMYRNA BEACH, FL — 85 Zip Code: 32168

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 607.0505, Florida Statutes.

SIGNATURE: Edward Artuck — 7/18/96
Signature (typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ROBINSON, JOHN J.	
STREET ADDRESS	690 E. 3RD AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	VP	☒ DELETE
NAME	SCHWARTZ, STEVEN	
STREET ADDRESS	DUNE CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	Robinson, John J., Jr.	
1.3 STREET ADDRESS	690 E. 3rd. Ave.	
1.4 CITY-ST-ZIP	NSB, Fl.	
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		

CR2E034 (3/96)

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)(k), 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: John J. Robinson Jr. 7-30-96 (904) 423-4725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #