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 JUN 13 AM 10: 15

DOCUMENT # P93000029162 (3)

1. Corporation Name

SPEED MART, INC.

Principal Place of Business
P.O. BOX 995
GULF BREEZE FL 32562

Mailing Address
P.O. BOX 995
GULF BREEZE FL 32562

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1993
3a. Date of Last Report: 08/22/1994

2. Principal Place of Business: 21 2101 W. Yonge St
Suite, Apt #, etc. 22
City & State: 23 Pensacola FL
Zip: 24 32505 Country: 25

2a. Mailing Address: 26 P.O. Box 8438
Suite, Apt #, etc. 27
City & State: 28 Pensacola, FL
Zip: 29 32505 Country: 30

4. FEI Number: 59-3176581 ☐ 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

WALKER, C D
414 SHORELINE DR
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: C. David Walker
82 Street Address (P.O. Box Number is Not Acceptable): 2101 W. Yonge St
83
84 City: Pensacola FL 85 Zip Code: 32505

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 [signature] 6/7/95
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	DPTS	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, C D	1.2 NAME	
STREET ADDRESS	414 SHORELINE DR	1.3 STREET ADDRESS	
CITY ST ZIP	GULF BREEZE FL 32561	1.4 CITY ST ZIP	
TITLE	ATAS	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, CHERYL S	2.2 NAME	
STREET ADDRESS	414 SHORELINE DR	2.3 STREET ADDRESS	
CITY ST ZIP	GULF BREEZE FL 32561	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/7/95 (904) 432-0249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0470737 FP