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 FEB -7 PM 3:03

DOCUMENT # P93000050984 (2)

1. Corporation Name
PASCO AUTO SALES, INC.

Principal Place of Business	Mailing Address
1437 U.S. HWY. 19 HOLIDAY FL 34691	~~1437 U.S. HWY. 19~~ ~~HOLIDAY FL 34691~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 05/01/1994

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

2a. Mailing Address
26 8623 Regency Park Blvd
Suite, Apt. #, etc.
27
City & State
28 Port Richey FL
Zip 29 34668 Country 30 PASCO

4. FEI Number: 59-3192357 ☐ 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

~~CHRISTLIEB, ROBERT L~~
3525 DOVE HOLLOW COURT
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Michael V. Addessi
82 Street Address (P.O. Box Number is Not Acceptable): 8623 Regency Park Blvd
83
84 City: Port Richey FL 85 Zip Code: 34668

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] 2/2/95
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	P	11 TITLE	☐ Change ☐ Addition
NAME	ODIERNO, ANTHONY	12 NAME	
STREET ADDRESS	615 PALMER RD	13 STREET ADDRESS	
CITY-ST-ZIP	YONKERS NY	14 CITY-ST-ZIP	
TITLE	~~S~~	21 TITLE	☐ Change ☐ Addition
NAME	~~CHRISTLIEB, ROBERT L~~	22 NAME	
STREET ADDRESS	~~3525 DOVE HOLLOW CT~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~PALM HARBOR FL~~	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	~~HOOVER, LLOYD C~~	32 NAME	Hoover, Lloyd
STREET ADDRESS	1801 E LAKE RD	33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] ANTHONY ODIERNO 1/23/95 813-934-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374014 CP