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

APPROVED AND FILED

95 MAY -1 PM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000052622 (6)**

1. Corporation Name
THE USED CAR FACTORY INC.

Principal Place of Business	Mailing Address
2831 DELCREST COURT ORLANDO FL 32817	2831 DELCREST COURT ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2 COURT STREET
22: Suite, Apt. #, etc.
23: City & State: KISSIMMEE FL
24: Zip: 34743
25: Country: USA

2a. Mailing Address
26: 2821 LEXINGTON COURT
27: Suite, Apt. #, etc.
28: City & State: OVIEDO FL
29: Zip: 32765
30: Country: USA

4. FEI Number: 59-3195615 ☐ 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

O'DONNELL, JOHN
2831 DELCREST COURT
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name: O'DONNELL, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 2821 LEXINGTON COURT
83:
84 City: OVIEDO FL 85 Zip Code: 32765

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: J O'Donnell JOHN O'DONNELL 4/22/95
Signature, type 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	D	11 TITLE	D ☐ Change ☐ Addition
NAME	O'DONNELL, JOHN	12 NAME	O'DONNELL, JOHN
STREET ADDRESS	2831 DELCREST COURT	13 STREET ADDRESS	2821 LEXINGTON COURT
CITY ST ZIP	ORLANDO FL 32817	14 CITY ST ZIP	OVIEDO FL 32765
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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: J O'Donnell JOHN O'DONNELL 4/22/95 407 342 0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0980307 CP