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
95 MAY -1 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065480 (4)

1. Corporation Name
D & D AUTO BROKERS INC.

Principal Place of Business	Mailing Address
2335 CRYSTAL DR UNIT H,I & J FT. MYERS FL 33907 US	2335 CRYSTAL DR UNIT H,I & J FORT MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 8540 Crystal Ct.	26 8540 crystal ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft Myers Florida	City & State 28 Ft Myers Florida
Zip 24 33907 / Country 25 USA	Zip 29 33907 / Country 30 USA

4. FEI Number: 65-0443102 ☐ 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

MCGONIGAL, ANNELIESE
2335 CRYSTAL DR
FORT MYERS FL 33907

Please Note address change

10. Name and Address of New Registered Agent

01 Name: Anneliese McGonigal
02 Street Address (P.O. Box Number is Not Acceptable): 8540 Crystal Court
03 Ft Myers Florida
04 City: FL 05 Zip Code: 33907

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	D	11 TITLE	☐ Change ☐ Addition
NAME	MCGONIGAL, DAVE J	12 NAME	
STREET ADDRESS	1339 JAMBALANA LANE	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCGONIGAL, ANNELIESE	22 NAME	
STREET ADDRESS	1339 JAMBALANA LANE	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	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 the 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: Anneliese McGonigal 4-15-95 275-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0321308 CP