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
95 JUN -1 AM 9:11

DOCUMENT # P93000072497 (9)

1. Corporation Name
CLAY COUNTY AUTO PARTS, INC.

Principal Place of Business
5663 COUNTY ROAD 218
MAXVILLE FL 32234

Mailing Address
5663 COUNTY ROAD 218
MAXVILLE FL 32234

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1438 Cassat Ave	2a. Mailing Address 26 1438 Cassat Ave
Suite, Apt # etc. 22	Suite, Apt # etc. 27
City & State 23 Jacksonville FL.	City & State 28 Jacksonville FL.
Zip 24 32205 County 25 Duval	Zip 29 32215 County 30 Duval

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-3228285 — 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

WILLIAMSON, MANK
4929 ATLANTIC BLVD.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	CANNON, J. P	NAME	
STREET ADDRESS	5663 CR 218	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/95 — Date
904-282-2535 — Daytime Phone

0400004 FP

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

DOCUMENT # **P93000072576 (0)**

1. Corporate Name
C - III DESIGNS, INC.

Principal Place of Business	Mailing Address
1231 N.E. 17TH TERRACE FORT LAUDERDALE FL 33304	1231 N.E. 17TH TERRACE FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/13/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **65-0443876**	☐ Applied For ☐ Not Applicable
21 3200 S. Andrews Ave	26 3200 S Andrews Ave		
22 Suite Apt # etc 204	27 Suite Apt # etc 204	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State Ft. Lauderdale, FL	28 City & State Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip 33316 25 Country USA	29 Zip 33316 30 Country USA	8. *This corporation has liability for intangible tax under § 199.032, Florida Statutes* ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARD GOLDSTONE P.A. **2300 WEST SAMPLE ROAD** **SUITE 202** **POMPANO BEACH FL 33073**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D P	11 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
12 NAME	CHASE, CHESTER A III	12 NAME	CHESTER A. CHASE, JR.
13 STREET ADDRESS	1231 N.E. 17TH TERRACE	13 STREET ADDRESS	1231 N.E. 17 Terrace
14 CITY ST ZIP	FORT LAUDERDALRE FL 33304	14 CITY ST ZIP	Fort Lauderdale, FL 33304
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is absolutely 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] CHESTER A. CHASE III 5.31.95 305.764.0654
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR DIRECTOR — Date — Daytime Phone #

0211996 CP

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

DOCUMENT # **P93000072582 (8)**

1. Corporation Name
INSUREPAIR, INC.

Principal Place of Business	Mailing Address
1284 CONE AVE. N.E. **PALM BAY FL 32907**	**1284 CONE AVE. N.E.** **PALM BAY FL 32907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/13/1993**
3a. Date of Last Report: **05/19/1994**

2. Principal Place of Business
21: 7667 N. wickham RD
Suite, Apt. #, etc.
22: #1403
City & State
23: melbourne FL
Zip
24: 32940
County
25: USA

2a. Mailing Address
26: Same
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
County
30:

4. FEI Number: **59-3206319** ☐ 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

BACHE, BRIGITTE A
1284 CONE AVE. N.E.
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 7667 N. Wickham Rd
83: #1403
84 City: melbourne FL 85 Zip Code: 32940

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: Brigitte A. Bache VP, Tres, Sec. 5/31/95
(Typed or printed name of registered agent and the capacity or relationship to the corporation) (If not Registered Agent, signature required and date mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	BACHE, DAVID G. SR.	12 NAME	
STREET ADDRESS	1284 CONE AVE NE	13 STREET ADDRESS	7667 N. wickham RD #1403
CITY ST ZIP	PALM BAY FL	14 CITY ST ZIP	melbourne - FL - 32940
TITLE	VPTS	21 TITLE	☒ Change ☐ Addition
NAME	BACHE, BRIGITTE A.	22 NAME	
STREET ADDRESS	1284 CONE AVE NE	23 STREET ADDRESS	7667 N. wickham RD #1403
CITY ST ZIP	PALM BAY FL	24 CITY ST ZIP	melbourne - FL - 32940
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: Brigitte A Bache Brigitte A. Bache 5/31/95 407/255 1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

007B73 CR