**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.**
**AMOUNT DUE ON OR BEFORE 5/1/95: $120.00 (IF ORIGINAL FEE), REMAINING AMOUNT DUE TO REINSTATE: $275.**

PROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 11 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# DOCUMENT # P93000087443 (6)

1. Corporation Name
**BRITANNIA AUTO SALES INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1882 AURORA RD<br>MELBOURNE FL 32935 | 1882 AURORA RD<br>MELBOURNE FL 32935 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4909 N US 1
22: Suite, Apt. #, etc.
23: City & State: COCOA FL
24: Zip: 32927
25: Country: USA

2a. Mailing Address
26: 4909 N US 1
27: Suite, Apt. #, etc.
28: City & State: COCOA FL
29: Zip: 32927
30: Country: USA

4. FEI Number: 59-3217231 ☐ 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

BLAND, SIMON C
1882 AURORA RD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: Simon C Bland
82 Street Address (P.O. Box Number is Not Acceptable): 4909 N US 1
83:
84 City: COCOA FL 85 Zip Code: 32927

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: Simon C Bland DATE: 6/8/95
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 | P | 1.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | BLAND, SIMON C | 1.2 NAME | ERIC M LEES | |
| STREET ADDRESS | 430 ALABAMA AVE | 1.3 STREET ADDRESS | 6990 CAIRO RD | |
| CITY-ST-ZIP | MERRITT ISLAND FL | 1.4 CITY-ST-ZIP | COCOA FL 32927 | |
| TITLE | S | 2.1 TITLE | V. PRESIDENT | ☒ Change ☐ Addition |
| NAME | LEES, JEAN | 2.2 NAME | Simon C Bland | |
| STREET ADDRESS | 6990 CAIRO RD | 2.3 STREET ADDRESS | 430 Alabama Ave | |
| CITY-ST-ZIP | COCOA FL | 2.4 CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | VP | 3.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | LEES, ERIC M | 3.2 NAME | HEATHER BLAND | |
| STREET ADDRESS | 6990 CAIRO RD | 3.3 STREET ADDRESS | 430 ALABAMA AVE | |
| CITY-ST-ZIP | COCOA FL | 3.4 CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | T | 4.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | LEES, HEATHER | 4.2 NAME | Jean LEES | |
| STREET ADDRESS | 430 ALABAMA AVE | 4.3 STREET ADDRESS | 6990 CAIRO RD | |
| CITY-ST-ZIP | MERRITT ISLAND FL | 4.4 CITY-ST-ZIP | COCOA FL 32927 | |
| 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 | | |

CR2E034 (3/95)

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:** Simon C Bland 6/8/95 (407) 631 4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018062 CP