SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000088773 (5) ROWLEY AUTO WHOLESALE, INC. Principal Place of Business Mailing Address 511 PONDELLA ROAD 511 PONDELLA ROAD N FT MYERS FL 33903 N FT MYERS FL 33903 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1993 08/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 65-0467684 Not Applicable Suite Apt #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intengible tax under s 199 032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ROWLEY, RUSTY W 511 PONDELLA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) N FT MYERS FL 33903 83 City Zip Code Pursuant to the provisions of Sections 607,0502 and 607,15
office or registered agent, or both, in the State of Florida Silvagent I am familiar with, and accept the obligations of, Section 1. Floreda Statutes, the above-named corporation submits this statement for the purpose of changing its registered of ange was authorized by the corporation's board of directors. I hereby accept the appointment as registered n 607.0505, Florida Statutes. SIGNATURE Signature Typed or proted name of registered agent and bile flat pl (N°DT - Registered Agent signature required when relies (m) DAIL 12. OFFICERS AND DIRECTOR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DELETE 1.1 TITLE Change Addition NAME ROWLEY, RUSTY W 1.2 NAME CR2E034 STREET ADDRESS 511 PONDELLA ROAD 1.3 STREET ADDRESS CITY-ST-ZIP N FT MYERS FL 33903 14 CiTY - \$1- ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4 CITY-ST-ZIP TITLE DEFETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - \$1 - ZIP TITLE DELETE SITIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIF TITLE DELETE 6 1 THEF \_\_\_\_ Change \_\_\_\_ Addition NAME 6.2 NAME

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)(k). 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 corroration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address. w. Kowley 6-1296 (941) GEL 3700 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME DI

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP