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 JUL 11 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015092 (7)

1. Corporation Name
ROYAL PALM AUTO SALES, INC.

Principal Place of Business	Mailing Address
1633 SOUTHEAST 47TH TERRACE CAPE CORAL FL 33904	1633 SOUTHEAST 47TH TERRACE CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2160 CLEVELAND AVE
22 Suite, Apt. #, etc.
23 City & State: FT MYERS, FL
24 Zip: 33901 25 Country: USA

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

4. FEI Number: 65-0482400 ☐ 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

PARSONS, WADE H
1633 SOUTHEAST 47TH TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: WADE H. PARSONS
82 Street Address (P.O. Box Number is Not Acceptable): 1855 VICTORIA AVENUE
83
84 City: FT. MYERS FL 85 Zip: 33901

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: Wade Parsons DATE: JUNE 30/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, BOB	1.2 NAME	
STREET ADDRESS	2160 CLEVELAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	900001540599
STREET ADDRESS		2.3 STREET ADDRESS	-07/18/95--01106--015
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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] 4/18/95 (941)332-2234
NAME AND TITLE OF INDIVIDUAL SIGNING (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0320030 CP