SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -6 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015515 (7)

1. Corporation Name
AUTO DEALERS FLOORPLAN ASSISTANCE CORP.

Principal Place of Business
140 SOUTH ATLANTIC AVE.
ORMOND BEACH FL 32176

Mailing Address
140 SOUTH ATLANTIC AVE.
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1821 Business Park Blvd.
Suite, Apt. #, etc.
22
City & State
23 Daytona Beach, FL
Zip 24 32114 County 25 Volusia

2a. Mailing Address
26 1821 Business Park Blvd.
Suite, Apt. #, etc.
27
City & State
28 Daytona Beach, FL
Zip 29 32114 County 30 Volusia

4. FEI Number: 59-3226457 ☐ 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
DIAL, NIDRAH A
140 SOUTH ATLANTIC AVE.
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent
81 Name: Dial, Nidrah A.
82 Street Address (P.O. Box Number is Not Acceptable): 1821 Business Park Blvd.
83
84 City: Daytona Beach FL 85 Zip Code: 32114

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

TITLE	DPT
NAME	DIAL, H. JAMES H
STREET ADDRESS	140 S. ATLANTIC AVE.
CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	DS
NAME	DIAL, NIDRAH A
STREET ADDRESS	140 S. ATLANTIC AVE.
CITY-ST-ZIP	ORMOND BEACH FL 32176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	DPT	☒ Change ☐ Addition
NAME	Dial, H. James	
STREET ADDRESS	1821 Business Park Blvd.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	DS	☒ Change ☐ Addition
NAME	Dial, Nidrah A.	
STREET ADDRESS	1821 Business Park Blvd.	
CITY-ST-ZIP	Daytona Beach, FL 32114	

14. I 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: Mrs. Nidrah Dial — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6-26-95
Daytime Phone #: 904-274-3300

CR2E034 (3/95)

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