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95 MAY -1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038 20

1. Name and Mailing Address of Corporation:

CENTRAL CAR CARE, INC.
5603 E. COLONIAL DR,
ORLANDO, FL., 32807

P94000 038020

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MAY 16, 1994

3a. Date of Last Report:

FILING FEE $200.00

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 59-3232032 ☐ Applied For ☐ Not Applicable

2. Mailing Address (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Principle Place of Business (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRISTIN ROGERS
5603 E. COLONIAL DR.
SUITE C.
ORLANDO, FL., 32807

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 | 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	PRES/D	1.1 TITLE	
1.2 NAME	KRISTIN RODGERS	1.2 NAME	
1.3 ADDRESS	5603 E. COLONIAL DR.	1.3 ADDRESS	300001402793
1.4 CITY-ST-ZIP	ORLANDO, FL., 32807	1.4 CITY-ST-ZIP	-05/10/95--01071--019
2.1 TITLE	SEC/D	2.1 TITLE	****200.00 ****200.00
2.2 NAME	JOHN F. FARRELL	2.2 NAME	
2.3 ADDRESS	5603 E. COLONIAL DR.	2.3 ADDRESS	
2.4 CITY-ST-ZIP	ORLANDO, FL., 32803	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on an attachment with an address.

SIGNATURE John P. Farrell DATE 4/27/95

Print/Type Name of Signing Officer or Director: JOHN P. FARRELL

Title(s): SEC'Y

Daytime Telephone Number: (407) 381-2277