FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• CORPORATION ANNUAL REPORT

1995 S-195 B-74597

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 8:38

DOCUMENT # P94000042878 (6)

1. Corporation Name

ML AUTOS, INC.

Principal Place of Business	Mailing Address
1013 KASELL PL OVIEDO FL 32765	1013 KASELL PL OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 4635 Callie Laseo Dr	26 9649 Wild Oak Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Titusville, FL	City & State 28 Windermere, FL
Zip 24 32780 Country 25 Brevard	Zip 29 34786 Country 30 Orange

4. FEI Number: 65-0505380 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUTHER, MARK D
1013 KASELL PL
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: William J. McLaughlin
82 Street Address (P.O. Box Number is Not Acceptable): 9649 Wild Oak Dr
83 ~~Windermere, FL~~
84 City: Windermere FL 85 Zip Code: 34786

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
Signature (and/or printed name of registered agent and title of authorized officer) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	PRESIDENT / SECRETARY ☒ Change ☒ Addition
NAME	LUTHER, MARK D	12 NAME	WILLIAM J. McLAUGHLIN
STREET ADDRESS	1013 KASELL PL	13 STREET ADDRESS	9649 WILD OAK DR
CITY ST ZIP	OVIEDO FL 32765	14 CITY ST ZIP	WINDERMERE, FL 34786
TITLE	DVT	21 TITLE	~~PRESIDENT~~ ☒ Change ☐ Addition
NAME	LUTHER, WADE P	22 NAME	
STREET ADDRESS	1080 LAKE ROGERS CIR	23 STREET ADDRESS	
CITY ST ZIP	OVIEDO FL 32765	24 CITY ST ZIP	
TITLE		31 TITLE	VICE PRESIDENT/TREASURER ☒ Change ☐ Addition
NAME		32 NAME	MARK D. LUTHER
STREET ADDRESS		33 STREET ADDRESS	1013 KASELL PL
CITY ST ZIP		34 CITY ST ZIP	OVIEDO, FL 32765
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: _____ 3/20/95 407-299-0571
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043313 CP