FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

AM 7:43

FLORIDA

DOCUMENT # P94000059224 (3)

1. Corporate Name

CAR CARE BY FLEETWOOD INCORPORATED

Principal Place of Business: 103 S RIDGEWOOD AVE EDGEWATER FL 32132

Mailing Address: 103 S RIDGEWOOD AVE EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1994

3a. Date of Last Report: N/A

2. Principal Place of Business: 108 S. RIDGEWOOD AVE.

2a. Mailing Address: SAME

City & State: EDGEWATER, FLA.

Zip: 32132 County: Volusia

4. FEI Number: 59-3269869 — 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. Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, CAROLE
1523 UMBRELLA TREE DR
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

City: FL Zip Code:

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

12. OFFICERS AND DIRECTORS

Title	PD
Name	FLEETWOOD, DEVAUGHN
Street Address	3219 UMBRELLA TREE DR
City-St-Zip	EDGEWATER FL 32132
Title	VSTD
Name	OXLEY, SHARON
Street Address	3219 UMBRELLA TREE DR
City-St-Zip	EDGEWATER FL 32132

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

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: Sharon Oxley - SHARON Oxley — 4-28-95 — 904-428-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012178 CP