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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:26

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000071077 (9)

1. Corporation Name
AUTO FINANCE OF FWB, INC.

Principal Place of Business
17 HOLLYWOOD BLVD
FT WALTON BEACH FL 32548

Mailing Address
17 HOLLYWOOD BLVD
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 935 Fort Walton Beach Fl 32549
Suite, Apt #, etc 22	Suite, Apt. #, etc. 27 P O Box 935
City & State 23	City & State 28 Fort Walton Beach Fl
Zip 24 Country 25	Zip 29 32549 Country 30 Okaloosa

4. FEI Number: 59-3269156 ☐ 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

HOHNADELL, GALE R
17 HOLLYWOOD BLVD
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Gale R. Hohnadell
82 Street Address (P.O. Box Number is Not Acceptable): 4495 A Luke Avenue
83
84 City: Destin FL 85 Zip Code: 32541

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 [signature] Gale R. Hohnadell President 03/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P/V/T/S ☒ Change ☐ Addition
NAME	HOHNADELL, GALE R	12 NAME	Hohnadell, Gale R.
STREET ADDRESS	P.O. BOX 1703	13 STREET ADDRESS	PO Box 1703
CITY ST ZIP	DESTIN FL 32541	14 CITY ST ZIP	Destin Fl 32541 N/A
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PURDY, MILTON H	22 NAME	
STREET ADDRESS	60 MARLBOROUGH RD	23 STREET ADDRESS	
CITY ST ZIP	SHALIMAR FL 32579	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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)(k), 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] Gale R. Hohnadell 03/23/95 (904)664-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #