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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000072726 (0)

1. Corporation Name
AUTO EXPERIENCE, INC.

Principal Place of Business	Mailing Address
~~4655-B SPRUCE CREEK RD.~~ ~~PORT ORANGE FL 32129~~	P.O. BOX 290251 PORT ORANGE FL 32129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1200 W Canal St	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 New Smyrna Bch	28 FL
Zip / Country	Zip / Country
24 / 25 Volusia	29 / 30

4. FEI Number: 59-3275560 — 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	10. Name and Address of New Registered Agent
O'DONNELL, DENNIS K 4655-B SPRUCE CREEK RD. PORT ORANGE FL 32129	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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: Dennis K O'Donnell Pres - See - Treas (If changing Registered Agent, signature required from current agent) DATE: 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres - See - Treas	11 TITLE	☐ Change ☒ Addition
NAME	Dennis K O'DONNELL	12 NAME	
STREET ADDRESS	~~4655 B SPRUCE CREEK RD~~	13 STREET ADDRESS	
CITY ST ZIP	~~PORT ORANGE FL 32127~~	14 CITY ST ZIP	
TITLE		21 TITLE	~~☐~~ Change ☒ Addition
NAME		22 NAME	
STREET ADDRESS	1200 W Canal ST	23 STREET ADDRESS	
CITY ST ZIP	New Smyrna Bch FL 32168	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)(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: Dennis K O'Donnell — 5-1-95 — (904) 322-9777
SIGNATURE AND TITLE OF CHAIRMAN OR VICE CHAIRMAN OF BOARD OF DIRECTORS OR OFFICER — DATE — DAYTIME PHONE NUMBER

0403409 FP