FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000072915 (9)**

1. Corporation Name
SLICK 1 AUTO, INC.

Principal Place of Business
1209 OLD HOPEWELL RD.
UNIT A-38
TAMPA FL 33619

Mailing Address
PO BOX 1000
UNIT A-38
MANGO FL 33550
US

3. Date Incorporated or Qualified: **10/04/1994**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip | 24 | Country | 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip | 29 | Country | 30

4. FEI Number: **59-3276617** ☐ 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

STROUP, VERNON C
4210 TRUMAN DRIVE
SEFFNER FL 33584

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS

DPST
STROUP, VERNON C
4210 TRUMAN DRIVE
SEFFNER FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
☐ Change ☐ Addition

2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP
☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is accurate, was 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: *Vernon C. Stroup* Vernon C. Stroup 1-15-96 813-664-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)