

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

50 MAY - 1 11 0:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077547 (5)

1. Corporation Name

EXECUTIVE AUTO CONNECTIONS, INC.

Principal Place of Business

**1018 PEARSON DRIVE
OVIEDO FL 32765**

Mailing Address

**1018 PEARSON DRIVE
OVIEDO FL 32765**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
10/21/1994

3a. Date of Last Report

4. FEI Number
59-3275723

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. 194.03,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7344 W. Hwy 50

2a. Mailing Address

26 Suite Apt # etc

Suite Apt # etc

22

Suite Apt # etc

27

City & State

23 Groveland, FL

City & State

28

Zip

24 34736

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

Mark Perry

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

1018 Pearson Drive

83

84 City

Oviedo

FL

85 Zip Code
32765

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(4), 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 607.15(4), Florida Statutes.

SIGNATURE

[Signature]

Mark Perry

4/30/95

(Not Required Report agent on separate later filing)

12. OFFICERS AND DIRECTORS

12a	D
NAME	PERRY, MARK
STREET ADDRESS	1018 PEARSON DRIVE
CITY, ST, ZIP	OVIEDO FL 32765
12b	D
NAME	PERRY, DOROTHY
STREET ADDRESS	1018 PEARSON DRIVE
CITY, ST, ZIP	OVIEDO FL 32765
12c	D
NAME	PERRY, SANDI
STREET ADDRESS	1018 PEARSON DRIVE
CITY, ST, ZIP	OVIEDO FL 32765
12d	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12e	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12f	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a	P/T/D	☒ Change ☐ Addition
13b		
13c		
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.03(2)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made on the report. I am an officer or director of this corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or is named on any attachment with an address.

SIGNATURE:

[Signature]

Mark Perry

4/30/95

407-366-7139

(Signature and typed on printed name of signing officer or director)