FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000089160 (3)

D & R AUTOMOTIVE CORPORATION Principal Place of Business Mailing Address 631 WASHBURN RD 2124 HEATH RD. MELBOURNE FL 32934 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3282467 Not Applicable Suite, Apt. #. etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 REYNOLDS, DANIEL F 2124 HEATH RD Street Address (P.O. Box Number is Not Acceptable) 82 MELBOURNE FL 32935-3030 83 84 City Zip Code 85 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 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, typical or punted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 13. TITLE DELFTE 1.1 THUE Change Addition NAME REYNOLDS, DANIEL F 1.2 NAME STREET ADDRESS 2124 HEATH RD. 1.3 STREET ADDRESS **MELBOURNE FL 32935** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME REYNOLDS, ALICE M 2.2 NAME STREET ADDRESS 2124 HEATH RD. 23 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 2 4 CITY-\$1-7IP TITLE DELETE 3.1 HILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1) - S1 - 21P TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 Title Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby certify that the information supplied with this filing 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 effect of the corporation or the receiver or trustee emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranged, or on an attachment with an address.

64 CITY-ST-ZIP

CITY ST-ZIP

FILED

Jan 20 1998 8:00am

Secretary of State