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

PROFIT CORPORATION ANNUAL REPORT

1998

City-St-ZiP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000090396 (0) DOCUMENT

HENDRY AUTOMOTIVE, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 51 W CENTRAL AVE 51 W CENTRAL AVE LAKE WALES FL 33853 LAKE WALES FL 33853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3293155 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BANKS, CHARLES A JR 51 W CENTRAL AVE 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 83 84 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1,1 TITLE BANKS, CHARLES A JR 1.2 NAME NAME CR2E034 STREET ADDRESS 51 W CENTRAL AVE 1.3 STREET ADDRESS LAKE WALES FL 33853 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ___ Addition 2.1 TITLE TITLE NAME BANKS, SUSAN C 2.2 NAME 51 W CENTRAL AVE STREET ADDRESS 2.3 STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 planged, or on an attachment with an address.

6.4 CITY-ST-ZIP