

APPROVED
AND
FILED
P.02
pg 1 of 2

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275.)

96 DEC -3 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000019656 1. Corporation Name <i>Your Choice Automotive Center Inc.</i>			
Principal Place of Business <i>529 ORANGE AVE DAYTONA Bch, FLA 32114</i>		Mailing Address	
2. Principal Place of Business	2b. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <i>SAME</i>	2b. <i>SAME</i>	<i>3-6-95</i>	<i>NONE</i>
22. Subv. Act. #, etc.	2b. Subv. Act. #, etc.	4. FEI Number	Applied For
22. <i>SAME</i>	2b. <i>SAME</i>	<i>59-3311712</i>	Not Applied
23. City & State	2b. City & State	5. Certificate of Status Desired	\$5.75 Additional Fee Required
23. <i>SAME</i>	2b. <i>SAME</i>	☐	
24. Zip	2b. Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24. <i>32114</i>	2b. <i>32114</i>	Trust Fund Contribution	
25. Country	2b. Country	7. This corporation has liability for intangible tax under s. 199.013, Florida Statutes	☐ Yes ☒ No
25. <i>USA</i>	2b. <i>USA</i>		
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>William V. Bies 529 ORANGE AVE DAYTONA Bch, FLA. 32114</i>		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code	
11. Pursuant to the provisions of Sections 607.0602 and 607.1806, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to 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 607.0503, Florida Statutes.		12. SIGNATURE <i>[Signature]</i> 4-30-96	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1. TITLE	12.2. NAME	13.1. TITLE	13.2. NAME
<i>P</i>	<i>Bies, William</i>		
12.3. STREET ADDRESS	12.4. CITY-ST-ZIP	13.3. STREET ADDRESS	13.4. CITY-ST-ZIP
<i>529 Orange Avenue</i>	<i>Daytona Beach, FL 32114</i>		
12.5. CITY-ST-ZIP	12.6. NAME	13.5. CITY-ST-ZIP	13.6. NAME
<i>Daytona Beach, FL 32114</i>			
12.7. STREET ADDRESS	12.8. CITY-ST-ZIP	13.7. STREET ADDRESS	13.8. CITY-ST-ZIP
12.9. CITY-ST-ZIP	12.10. NAME	13.9. CITY-ST-ZIP	13.10. NAME
12.11. STREET ADDRESS	12.12. CITY-ST-ZIP	13.11. STREET ADDRESS	13.12. CITY-ST-ZIP
12.13. CITY-ST-ZIP	12.14. NAME	13.13. CITY-ST-ZIP	13.14. NAME
12.15. STREET ADDRESS	12.16. CITY-ST-ZIP	13.15. STREET ADDRESS	13.16. CITY-ST-ZIP
12.17. CITY-ST-ZIP	12.18. NAME	13.17. CITY-ST-ZIP	13.18. NAME
12.19. STREET ADDRESS	12.20. CITY-ST-ZIP	13.19. STREET ADDRESS	13.20. CITY-ST-ZIP
12.21. CITY-ST-ZIP	12.22. NAME	13.21. CITY-ST-ZIP	13.22. NAME
12.23. STREET ADDRESS	12.24. CITY-ST-ZIP	13.23. STREET ADDRESS	13.24. CITY-ST-ZIP
12.25. CITY-ST-ZIP	12.26. NAME	13.25. CITY-ST-ZIP	13.26. NAME
12.27. STREET ADDRESS	12.28. CITY-ST-ZIP	13.27. STREET ADDRESS	13.28. CITY-ST-ZIP
12.29. CITY-ST-ZIP	12.30. NAME	13.29. CITY-ST-ZIP	13.30. NAME
12.31. STREET ADDRESS	12.32. CITY-ST-ZIP	13.31. STREET ADDRESS	13.32. CITY-ST-ZIP
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12.81. CITY-ST-ZIP	12.82. NAME	13.81. CITY-ST-ZIP	13.82. NAME
12.83. STREET ADDRESS	12.84. CITY-ST-ZIP	13.83. STREET ADDRESS	13.84. CITY-ST-ZIP
12.85. CITY-ST-ZIP	12.86. NAME	13.85. CITY-ST-ZIP	13.86. NAME
12.87. STREET ADDRESS	12.88. CITY-ST-ZIP	13.87. STREET ADDRESS	13.88. CITY-ST-ZIP
12.89. CITY-ST-ZIP	12.90. NAME	13.89. CITY-ST-ZIP	13.90. NAME
12.91. STREET ADDRESS	12.92. CITY-ST-ZIP	13.91. STREET ADDRESS	13.92. CITY-ST-ZIP
12.93. CITY-ST-ZIP	12.94. NAME	13.93. CITY-ST-ZIP	13.94. NAME
12.95. STREET ADDRESS	12.96. CITY-ST-ZIP	13.95. STREET ADDRESS	13.96. CITY-ST-ZIP
12.97. CITY-ST-ZIP	12.98. NAME	13.97. CITY-ST-ZIP	13.98. NAME
12.99. STREET ADDRESS	12.100. CITY-ST-ZIP	13.99. STREET ADDRESS	13.100. 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as made under oath; that I am an officer or director of the corporation or its predecessor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; that my name appears in Block 12 or Block 13, and that I am a resident of the State of Florida with an address.

SIGNATURE: *[Signature]* 4-30-96

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

pg. 2 of 2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

Your Choice Automotive Center, Inc.

Principal Place of Business

Mailing Address

529 Orange Ave
Daytona Beach, Fl.
32114

3. Date Incorporated or Qualified

3-6-95

3a. Date of Last Report

none

4. FEI Number

59-3311712

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

2. Principal Place of Business

21 Same.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

William V. Bies
529 Orange Ave.
Daytona Beach, Fl. 32114

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 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

David M. Brown

CR2E034 (3/96)