2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P95000020298 AUTÓ MAX. INC. 05-05-2000 90096 038 ***150.00 Mailing Address Principal Place of Business N. WICKHAM RD. 2075 N. WICKHAM RD. MELBOURNE FL 32935-8151 FL 32935 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3304961 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HELDRETH, JOHN M Street Address (P.O. Box Number is Not Acceptable) 2075 N. WICKHAM ROAD **MELBOURNE FL 32935** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Addition ☐ Change Delete TITLE DILE HELDRETH, JOHN M NAME 2075 N. WICKHAM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32935** CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE HELDRETH, CATHERINE E NAME 2075 N. WICKHAM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **MELBOURNE FL 32935** ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE □ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME

13. I hereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

321-255-9000

Daytime Pho