

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023513 (1)

1. Corporation Name

TRUE VALUE AUTO BROKERS, INC.



Principal Place of Business

4419 BAYSHORE BLVD. NE
ST. PETERSBURG FL 33703

Mailing Address

4419 BAYSHORE BLVD. NE
ST. PETERSBURG FL 33703

2. Principal Place of Business

21 5353 66th St. No

Suite, Apt. #, etc.

22 City & State

23 St. Pete. Fl.

24 Zip

33709

25 Country

Pinellas

2a. Mailing Address

26 5353 66th St No

Suite, Apt. #, etc.

27 City & State

28 St. Pete Fl.

29 Zip

33709

30 Country

Pinellas

3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

4. FEI Number

59-3303827

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

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

HARTLEY, JOHN
4419 BAYSHORE BLVD. NE
ST. PETERSBURG FL 33703

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

Signature of principal name of registered agent or officer (handwritten)

John Hartley

DATE

2-12-96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

John Hartley

4419 Bayshore Blvd NE

St. Pete Fl. 33703

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C.O.O.

Carlton Hudson

4401 VERDE DR NE #D

St. Pete Fl. 33703

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treasurer

Kathleen Hartley

4419 Bayshore Blvd NE

St. Pete Fl. 33703

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***200.00

m.m.
3-18-96

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 607, 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

John Hartley

DATE

2-12-96

Daytime Phone #

597-0705

CR2E034 (12/95)