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11-2529-2 PONDER'S INC., THOMASVILLE, GA.

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BY

THANK YOU from Your Capital Connection

Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE

1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum

ARTICLES OF INCORPORATION

DIVISION OF CORPORATION OF STATE OF CORPORATION OF CORP

OF

PALM CITY TRANSMISSION WHOLESALERS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is PALM CITY TRANSMISSION WHOLESALERS, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3395 SW 42nd Avenue, Palm City, FL 34990.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five thousand (5,000) shares having a par value of one dollar (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the member of the initial Board of Directors of the corporation is Kevin Fields, 3395 SW 42nd Avenue, Palm City, FL 34990.

The undersigned has executed these Articles of Incorporation this 24th day of May 1995.

Capital Connection Inc.

Barbara Neeley - President

Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

- 1. The name of the corporation is PALM CITY TRANSMISSION WHOLESALERS, INC.
- 2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Capital Connection, Inc.

Barbara Neeley - President

Date: May 24, 1995

| ÷ | Nº 52813 |
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| CAPITAL CONNECTION, INC. | |
| a. a. a. a. a. c. c. c. a. 1. Tallahassee, FL 32301, (904)224-8870 | RE: Palus City Transalission |
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AT POMBOR'S INC., THOMASPILLE, BA.

FLORIDA DEPARTIMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT

| | 7.0502(2), 617.0502(2), 607.1509, or 617.1509, Capital Connection, Inc. |
|--|---|
| lorids Statues, the undersigned, | (Name of registered agent) Palm City Transmission Wholesalers, Inc. |
| hereby resigns as Registered Agent for | (Name of corporation) |
| | a la- land hannam militan |
| A copy of this resignation was mailed to the | he above listed corporation at its last known addressontinued on the 31st day after the date on whi |
| A copy of this resignation was mailed to the agency is terminated and the office di | he above listed corporation at its last known address scontinued on the 31st day after the date on whi |
| A copy of this resignation was mailed to the agency is terminated and the office distance this statement is filed. | he above listed corporation at its last known addri scontinued on the 31st day after the date on wh |

If signing on behalf of an entity:

Kim Crosson (Typed or Printed Name) Office Manager (Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

P95000040992

Requestor's Name

TREASURE COAST CONVERTER, INC. 3395 S W 420d Ave.

Palm City, FL 34990 (407) 220-3756 • 1-800-940-3756

Trademark

Other

Office Use Only

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| Name Reservation | Reinstatement | | V.c 11.11. |

Examiner's Initials

(9.20.96

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, undersigned corporation organized under the laws of the State of Florida | Florida Statutes, the |
|--|---|
| submits the following statement in order to change its registered office or registered State of Florida. | agent, or both, in the |
| 1 The name of the corporation is Palm City Transmission Wholesale | rs, Inc. |
| 2 The mailing address of the corporation is 3395 SW 42nd Avenue, Palm | City, FL 34990 |
| 3 Date of incorporation/qualification: May 24, 1995 Document number: 4. The name and address of the current registered agent and office: | P95000040992 |
| Capital Connection, Inc. | 2000 co |
| 417 E. Virginia Street, Suite I | |
| Tallahassee, FL 32302 | -0 |
| 5. The name and address of the new registered agent and office: (P.O. Box Not Accep | table) |
| Peter T. Gianino, Esquire | - 동기 일 |
| 217 East Ocean Blvd. | - 5E |
| STuart, FL 34994 | - |
| The street address of its registered office and the street address of the business office o agent, as changed, will be identical. | |
| Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board. | an officer so |
| (Signature of an officer, chairman of vicochairman of the board) (Date) | |
| James C Princepores President | |
| (Printed or typed name and title) | |
| Having been named as registered agent and to accept service of process for the above I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligation of my position as registered agent. | stated corporation, I further agree to ince of my duties, |
| Jele / Ollin — 9-17-96 (Signature of Registered Agent) (Date) | <u></u> _ |
| (Signature of Registered Agent) (Date) | |
| If signing on behalf of an entity | |
| (Typed or Printed Name) (Capacity) | |

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FILING FEE: \$35.00