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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000044237 (2)**

1. Corporation Name
"ORANGE CO. SOUTH AUTO AUCTION, INC."

Principal Place of Business	Mailing Address
151 TAFT-VINELAND RD. ORLANDO FL 32824	151 TAFT-VINELAND RD. ORLANDO FL 32824

3. Date Incorporated or Qualified: **05/30/1995** | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: | Country — 25:

2a. Mailing Address — 26: 5155 HAYWOOD RUFFIN RD.
Suite, Apt. #, etc. — 27:
City & State — 28: ST. CLOUD, FLA
Zip — 29: 32771 | Country — 30:

4. FEI Number: 59-3314879 ☐ 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

9. Name and Address of Current Registered Agent

MCCARROLL, RONALD S
5155 HAYWOOD RUFFIN RD.
ST. CLOUD FL 32771

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KORNER, ROBERT SCOTT		1.2 NAME		
STREET ADDRESS	2987 MONICA TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KORNER, JANA RENEE		2.2 NAME		
STREET ADDRESS	2987 MONICA TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLZ, JAMES H		3.2 NAME		
STREET ADDRESS	14704 LONE EAGLE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCARROLL, RONALD S		4.2 NAME		
STREET ADDRESS	5155 HAYWOOD RUFFIN RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34771		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCARROLL, TREVA DIANNE		5.2 NAME		
STREET ADDRESS	5155 HAYWOOD RUFFIN RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34771		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCARROLL, RONDALD S JR.		6.2 NAME		
STREET ADDRESS	5155 HAYWOOD RUFFIN RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34771		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald S McCarroll 6-27-96 407-842-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #