

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000092825 (5)

1. Corporation Name

DMC AUTO WHOLESALE, INC.



Principal Place of Business

880-A MAGUIRE ROAD
ACOE FL 34761

Mailing Address

880-A MAGUIRE ROAD
ACOE FL 34761

3. Date Incorporated or Qualified

12/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3349270

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

30

Country

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

(Signature) Registered agent or person in charge of registered agent and this statement.

(If filed: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KASKEY, TIM W
STREET ADDRESS 880-A MAGUIRE ROAD
CITY-STATE-ZIP ACOEE FL 34761

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP ACOEE, FL 34761

TITLE VD ☐ DELETE
NAME BLOUNT, CHARLES L
STREET ADDRESS 880-A MAGUIRE ROAD
CITY-STATE-ZIP ACOEE FL 34761

2. 1. TITLE ☒ Change ☐ Addition
2. 2. NAME
2. 3. STREET ADDRESS
2. 4. CITY-STATE-ZIP ACOEE, FL 34761

TITLE D ☒ DELETE
NAME ZOUZOULAS, ALEXANDER
STREET ADDRESS 880-A MAGUIRE ROAD
CITY-STATE-ZIP ACOEE FL 34761

3. 1. TITLE ☐ Change ☐ Addition
3. 2. NAME
3. 3. STREET ADDRESS
3. 4. CITY-STATE-ZIP

TITLE PD ☒ DELETE
NAME DELAURA, DANIEL M
STREET ADDRESS 880-A MAGUIRE ROAD
CITY-STATE-ZIP ACOEE FL 34761

4. 1. TITLE ☐ Change ☐ Addition
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP

TITLE ST ☐ DELETE
NAME KASKEY, TIM W
STREET ADDRESS 880-A MAGUIRE ROAD
CITY-STATE-ZIP ACOEE FL 34761

5. 1. TITLE ☒ Change ☐ Addition
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. CITY-STATE-ZIP ACOEE, FL 34761

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition
6. 2. NAME
6. 3. STREET ADDRESS
6. 4. CITY-STATE-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 registered 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 attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-96

407-654-8322

CR2E034 (12/95)