FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070279 (0)

TRUE VALUE AUTOS, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				
1890 LEE ROAD 8TE 115		~	1850 LEE ROAD STE 115			
WINTER PARK FL 32789			WINTER PARK FL 32789			
SAIGIEST LYNN IE OFFICE						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 08/20/1996
2. Principal Pla	ce of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number Applied For
21		26				59-3395612 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27	27			Fee Required
City & State		City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	├ ──	Country		8. This corporation owes or has paid the current year Inlangible
24	25	29	30			Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent					Mana	10, Name and Address of New Registered Agent
HODGES, JOE D				81	Name	
	LEE ROAD STE 115		82 Street A		Street	t Address (P.O. Box Number is Not Acceptable)
WIN	TER PARK FL 32789					
				83		
				84	City	85 Zip Code
						FL 0 12 000
11. Pursuant to	the provisions of Sections 607.05	i02 and 607.1508, Florida S ta	tutes, the a	abovo ed hv	-named the con	d corporation submits this statement for the purpose of changing its registered
agent. I am	i fam iliar with, and accept the obli	gations of, Section 607.0505,	Florida St	atules	i.	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	ROBERT B HEATH			∠∝	yeur -	13 Hear 4-21-98
S	ignature, typed or printed name of trigistim dia	<u> </u>			rit signature	re required when reinstating) DATE
12.		ND DIRECTORS DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D HODOES INF D	L DECEIE		TITLE		Criange C. Manton
NAME	HODGES, JOE D			1.2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	D priett		CITY-S	T-ZIP	V.P. ☑ Change ☐ Addition
TITLE	Ab	DELETE		TITLE		I I
NAME	AACA LEE OD CHITE 445			i		HEATH, ROBERT 2730 N. ORMYC BIOGGEMTR.
STREET ADDRESS	1850 LEE RD, SUITE 115		2.3 STREET ADDRESS			1: I
CITY-ST-ZIP	WINTER PARK FL					ORIANDO, FL 32804
TITLE	DELETE 3.1		TITLE		Change Addition	
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREE 1	ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		T-ZIP	
TITLÉ				TITLE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP			4.4	CITY-S	1 - 21P	
TITLE		☐ DELETE	5.1	TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			53	STREET	ADDRESS	
CITY-ST-ZIP	_		5.4	CITY-S	T-ZIP	
TITLE		DELETE	61	TITLE		Change Addition
NAME			6.2	NAME		
STREET ADDRESS			6.3	STREET	ADDRESS	
CITY-\$1-ZIP			6.4	CITY-S	1 - ZIP	
	willy that the information supplied	with this films dose not qualif				ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information

i. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 oat; 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 chapter, or on an attachment with an address.