~~2004~~ FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000081359

1. Entity Name
DALE'S AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
2126 BLANDING BLVD. JACKSONVILLE, FL 32210	2126 BLANDING BLVD. JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

01192004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3402166		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROVES, DALE H
2126 BLANDING BLVD.
JACKSONVILLE, FL 32210

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Dale H. Groves_   DALE H. GROVES   1-28-4

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GROVES, DALE H
STREET ADDRESS	2126 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210

U00000022285
01/30/04--80038-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Dale H. Groves_   DALE H. GROVES   1-28-4   904 388 0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #