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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058217

1. Corporation Name
B & D PERFORMANCE AUTO, INC.

Principal Place of Business	Mailing Address
1325 CHINOOK TRAIL CT JACKSONVILLE FL 32225	1325 CHINOOK TRAIL CT JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 3617 Crown Pt. Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #4
City & State 23	City & State 28 Jacksonville, FL
Zip / Country 24 / 25	Zip / Country 29 32257 / 30 USA

3. Date Incorporated or Qualified: 07/02/1997

4. FEI Number: 59-3466565 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DITORE, BRIAN 1325 CHINOOK TRAIL CT JACKSONVILLE FL 32225	81 Name: MEREDITH ALLEN HERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable): 3617 CROWN PT RD. 83 #4 84 City: Jacksonville FL 85 Zip Code: 32257

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: Meredith Allen Hernandez DATE: 2/8/99
(Required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DITORE, BRIAN		1.2 NAME		
STREET ADDRESS	1325 CHINOOK TRAIL CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DITORE, BRIAN		2.2 NAME		
STREET ADDRESS	1325 CHINOOK TRAIL CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEMUS, R		3.2 NAME		
STREET ADDRESS	1325 CHINOOK TR CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 30225		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (904)288-8999
SIGNATURE OF AN OFFICER OR DIRECTOR OR AGENT (IF AGENT, PRINT NAME BELOW) — Date — Daytime Phone Number

Meredith Allen Hernandez