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CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS **19**98 99 JUN -5 PM 3: 57 DOCUMENT #

1, Corporation Name P97000078165 (2) GRETANT OF STATE TALLAHASSEE, FLORIDA B & B AUTO BROKERS, INC. Principal Place of Business Mailing Address 3930 GREEN BOULEVARD 3930 GREEN BOULEVARD NAPLES FL 34116 NAPLES FL 34116 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 2a. Mailing Address Applied For 2. Principal Place of Business 21 26 Not Applicable Suite. Apt. #. etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ERICKSON, LOUIS S 2301 C.R. 951 62 SUITE F 83 NAPLES FL 34116 84 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. Familiar with, and accept the obligation of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE Change TITLE 1.1300€ NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7IP 1.4 CITY - ST- 7IP DELETE TITLE 2.1 TITLE ☐ Change Addition 100002553961---06/10/98--01005--015 NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS ****150,00 2 4 CITY-ST-ZIP ****150.00 CITY-ST-2IP DELETE TITLE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-7IP 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 DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE 6.1 TITLE TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 it 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