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

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

FILED Jun 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P970000 86905 Ronnie's Auto Sales Inc. Principal Place of Business Mailing Address R+ 5 BOX 6344 R1 5 BOX 6344 DO NOT WRITE IN THIS SPACE Palatka, FL 3477 Palatka, FL 32177 3. Date incorporated or Qualified 2. Principal Place of Business 2a, Mailing Address Applied For 4. FEI Number 2392 Not Applicable 21 Suite. Ant #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo Raburn 82 Street Address (P.O. Box Number is Not Acceptable) Box 6344 84 City 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, typed or pentiso name of registered agent and the it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D ■ DELETE Change ■ Addition 1.1 TITLE Ronald J Raburn 3621-A Reid Street 12 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS Palatia, FL 32177 1.4 City-ST-ZIP CITY-ST-ZIP Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STHEFT ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME

6 4 CITY - ST - ZIP 14. Thereby 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 a

61 TITLE

6.2 NAME

DELETE

5.3 STRFE1 ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

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