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

STREET ADDRESS

14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the end. Block 12 or Block 13 if changed, or on

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 99 JUN 25 I M 9: 06 DIVISION OF CORPORATIONS 1999 DOCUMENT # SNAKE EYES AUTO SALES INCORPORATED Principal Place of Business Mailing Address 2015 Cassat Avenue DO NOT WRITE IN THIS SPACE Jacksonville, FL 32210 same 3. Date Incorporated or Qualified 12/08/1997 FEI Number 58-2358355 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State **\$5.00** May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible **K-K**Yes Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name Street Address (P.O. Box Puntage Page 187--5 Allen, Kenneth J. 9951 Atlantic Boulevard, #229 -06/29/93--01020--014- 83 Jacksonville, FL 32225 ****558.75 ****558.75 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE President/Director TITLE 1 1 TITLE Director Steven J. Gibson Jennifer Allen 1.2 NAME NAME 9951 Atlantic Blvd. #229 1.3 STREET ADDRESS 9951 Atlantic Blvd. #229 STREET ADDRESS Jacksonville, FL 32225 Jacksonville, FL 32225 1.4 CHTY - ST - ZIP CITY-ST-ZIP 2.1 TITLE Vice President TITLE Director 2.2 NAME NAME Peffer, Arthur D. III 9951 Atlantic Blvd., #229 Ernest Odom 2.3 STREET ADDRESS 9951 Atlantic Blvd. #229 STREET ADDRESS Jacksonville, FL 32225 Change Addition 2 4 City - St - ZiP Jacksonville, FL 32225 DELETE CITY - ST - ZIP TITLE 3 1 TITLE Secretary Brian Johnson 32 NAME NAME 9951 Atlantic Blvd. #229 3 3 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32225 34 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE Treasurer TITLE Ernie Voisin 4 2 NAME NAME 9951 Atlantic Blvd., #229 4.3 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32225 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

chment with an address.

ith this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information if 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 element or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in 6/21/09 9,4-389-3909