

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90222 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000035142 1. Corporation Name AUTO NETWORK ON LINE, INC.			
Principal Place of Business 28050 U.S. HIGHWAY 19 N. STE. 208 CLEARWATER FL 33761		Mailing Address 28050 U.S. HIGHWAY 19 N. STE. 208 CLEARWATER FL 33761	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 04/17/1998		4. FEI Number 59-3504746	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent STAACK, JAMES A 121 N. OSCEOLA AVE. 2ND FLOOR CLEARWATER FL 33755		10. Name and Address of New Registered Agent 81 Name LOUANNE S. LOVE 82 Street Address (P.O. Box Number is Not Acceptable) LOUANNE S. LOVE P.A. 83 28050 US 19 N, STE 205 84 City CLEARWATER FL 85 Zip Code 33761	
11. Pursuant to the provisions of Sections 607.0501 and 607.0508, 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: <i>[Signature]</i> DATE: 4/21/99			
12. OFFICERS AND DIRECTORS TITLE D ☐ DELETE NAME MONROE, CHAD M STREET ADDRESS 28050 U.S. HIGHWAY 19 N. STE. 208 CITY-STATE-ZIP CLEARWATER FL 33761		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. Monroe III 4/21/99 727-669-7412
 Date Daytime Phone

CR2E034 (11/98)