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Secretary of State
04-14-1999 90089 040 ***150.00

FILE NOW. FILING FEE AFTER MAY 1ST IS $000.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000039840

1. Corporation Name
ROWE MOTORS, INC.

Principal Place of Business	Mailing Address
6301 SAN JUAN AVE JACKSONVILLE FL 32210	6301 SAN JUAN AVE JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6301 San Juan Ave	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JAX FL	City & State 28
Zip 24 32210	Country 25 USA
Zip 29	Country 30

3. Date Incorporated or Qualified: 04/30/1998
4. FEI Number: 59-3509432 ☐ 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

ROWE, THOMAS K
6301 SAN JUAN AVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Donna M Rowe
82 Street Address (P.O. Box Number is Not Acceptable): 6301 San Juan Ave
83
84 City: JAX FL 85 Zip Code: 32210

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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: Donna Rowe Secretary DATE: 4-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, THOMAS K		1.2 NAME		
STREET ADDRESS	2727 AUSTIN ROSE LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, DONNA		2.2 NAME		
STREET ADDRESS	2727 AUSTIN ROSE LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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 Donna Rowe Secretary 4-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 904-213-0126