

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

PROFIT CORPORATION ANNUAL REPORT 1999	 2000 AMENDED	FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 999000070561

1. Corporation Name

AUTOBANK OF DAYTONA, INC.

Principal Place of Business

Mailing Address

520 N NOVA ROAD
DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 SAA

26 SAA

4. FEI Number

59-3637094

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SAA

27 SAA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 SAA

28 SAA

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip

Country

24 SAA

25 USA

Zip

Country

29 SAA

30 USAS

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name RICHARD NISBETT

82 Street Address (P.O. Box Number is Not Acceptable)
520 N. NOVA ROAD

83

84 City DAYTONA BEACH FL 85 Zip Code 32114

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

RICHARD NISBETT

12-7-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	JOHN E MCKENNA	
STREET ADDRESS	3962 SW 6TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD NISBETT	
1.3 STREET ADDRESS	520 N NOVA ROAD	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 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 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:

RICHARD NISBETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

116-2000

904-255-9591

Date

Daytime Phone #

CR2E034 (11/98)