

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra D. Northington
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAY -1 PM 11:58****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S04306**(4)****1. Corporation Name
CAR BIZ, INC.****Principal Place of Business
3100 S. ORANGE AVE.
ORLANDO FL 32806****Mailing Address
3100 S. ORANGE AVE.
ORLANDO FL 32806****3. Date Incorporated or Qualified
09/25/1990****3a. Date of Last Report
04/26/1994****2. Principal Place of Business****2a. Mailing Address****21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30****4. FEI Number****59-3029289****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 has liability for intangible tax under S. 199.032,
Florida Statutes**☒ Yes☐ No**9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****GIBBS, A. P.
501 E. MERIDIAN AVE.
DADE CITY FL 33525****81 Name****82 Street Address (P.O. Box Number is Not Acceptable)****83****84 City****FL****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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE**12.****OFFICERS AND DIRECTORS****13.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****DP
BOWMAN, JODY D.
1665 GREEN MEADOW LANE
ORLANDO FL****1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**☒ Change☐ Addition**8015 LANDGROVE CT
ORLANDO, FL 32819****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****DV
POSEY, SAMUEL H.
5419 HENSEL AVE.
ORLANDO FL****2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**☒ Change☐ Addition**Resigned****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****DST
BOWMAN, GAYE L.
1665 GREEN MEADOW LANE
ORLANDO FL****3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**☒ Change☐ Addition**8015 LANDGROVE CT
ORLANDO, FL 32819****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**☐ Change☐ Addition**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.****SIGNATURE:****Jody D. Bowman****4-5-95****107-859-0234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Number