SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # 1. Corporation Name S40609 (7) SDP AUTOMOTIVE, INC. Principal Place of Business Mailing Address HWY 17 N P.O. BOX 1025 WAUCHULA FL 33873 WAUCHULA FL 33873 3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1991 02/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-025 1650 Not Applicable Suite Apt # etc Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 \Box Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 📘 Yes 🔲 No Florida Statutos 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BURTON, JOHN W. H. 501 W MAIN ST Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1729 83 WAUCHULA FL 33873 84 City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature: Typed or pristed new coding stereot agent and time diapplicable (NOTE Registered Agent agout its required when resist or pr 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DPS DELETE 111/11/16 DPST X Change Addition NAME DALLETT, MICHAEL E V Dallett, Michael F, V. 12 NAME CR2E034 STREET ADDRESS 1296 W. MAIN ST. 1.3 STREET ADDRESS 1296 W. Main St. WAUCHULA FL CITY - ST - ZIP Wauchula, FL 33873 1.4 CITY - ST - ZIP TITLE DVT X DE FIE 2.1 TITLE Change Addition NAME PALMER, CHARLES M 2.2 NAME STREET ADDRESS 1786 NE 37TH ST 2 3 STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 2 4 CITY - ST-ZIP TITLE DELETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-SI-ZIP TITLE DELETE 41 TIFLE Change Addition NAME 4 2 NAME STREET ADORESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 C/TY - ST - 7/P TITLE DELETE 5.1 TifL€ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 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 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. comme 7-15-96 941-773-4113 SIGNATURE: \ \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR