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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 3:03

DOCUMENT # **S45202** **(6)**

1. Corporation Name
HAWKINS AUTOMOTIVE INC

Principal Place of Business	Mailing Address
1200A CANAL ST. NEW SMYRNA BCH FL 32168 US	1200A CANAL ST. NEW SMYRNA BCH FL 32168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1991
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 Hawkins Auto Inc.
22 2417-4 Guava Dr.
23 Edgewater, Florida
24 Zip
25 Country Volusia

2a. Mailing Address
26 2412 Tomoka Farms Rd.
27 DAYTONA. Bch. Florida
28 City & State
29 Zip 32124
30 Country Volusia

4. FEI Number: 59-3059577 ☐ 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

HAWKINS, LEROY R.
2412 TOMOKA FARMS RD
DAYTONA BCH FL 32124

10. Name and Address of New Registered Agent

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 Leroy R. Hawkins, PRES. 2 MARCH 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P/D ☐ Change ☐ Addition
NAME	HAWKINS, LEROY R.	12 NAME	Leroy R. Hawkins
STREET ADDRESS	4015 BEXHILL DR.	13 STREET ADDRESS	2412 Tomoka Farms Rd.
CITY ST ZIP	NEW SMYRNA BEACH FL	14 CITY ST ZIP	DAYTONA. Beach, FL 32124
TITLE		21 TITLE	V ☐ Change ☐ Addition
NAME		22 NAME	Joyce Hawkins
STREET ADDRESS		23 STREET ADDRESS	2412 Tomoka Farms Rd
CITY ST ZIP		24 CITY ST ZIP	DAYTONA Beach, FL 32124
TITLE		31 TITLE	T ☐ Change ☐ Addition
NAME		32 NAME	Roy R Hawkins
STREET ADDRESS		33 STREET ADDRESS	3980 Bexhill Drive
CITY ST ZIP		34 CITY ST ZIP	New Smyrna Bch. Florida 32168
TITLE		41 TITLE	S ☐ Change ☐ Addition
NAME		42 NAME	Linda Hawkins
STREET ADDRESS		43 STREET ADDRESS	3980 Bexhill Drive
CITY ST ZIP		44 CITY ST ZIP	New Smyrna Florida 32168
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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.

SIGNATURE: Leroy R. Hawkins 2 MARCH 1995 (904) 423-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010076 CP