

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90059 004 ***150.00

| | | | |
|---|---|---|--|
| DOCUMENT # S67923 1. Entity Name ALACHUA AUTO AUCTION, INC. | | | |
| Principal Place of Business 2738 NE 4TH STREET GAINESVILLE, FL 32609 | | Mailing Address 1663 EAST DUVAL ST. LAKE CITY, FL 32055 | |
| 2. Principal Place of Business 3728 NE 4th STREET | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State GAINESVILLE, FL | | City & State LAKE CITY, FL | |
| Zip 32609 | | Country USA | |
| 4. FEI Number 59-3077911 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MIXON, RALPH A. 1663 EAST DUVAL ST. LAKE CITY, FL 32055 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MIXON, RALPH A. RT 22 BOX 2949 LAKE CITY, FL 32024 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MIXON, RALPH A. 3435 SW STATE ROAD 247 LAKE CITY, FL 32024-0791 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MAULDIN, JAMES E. RT 22 BOX 2955 LAKE CITY, FL 32024 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MAULDIN, JAMES E. 123 SW NURSERY ROAD LAKE CITY, FL 32024 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Martha Mixon</i> MARTHA MIXON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | VICE PRESIDENT 1/24/05 352-373-7535 <small>Date Daytime Phone #</small> | |

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01112005 Chg-P CR2E034 (10/03)