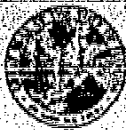


FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:36

DOCUMENT # S86937

(7)

1. Corporation Name

FLORIDA AUCTION SCHOOL, INC.

Principal Place of Business

5305 S. PINE AVE.
OCALA FL 34480
US

Mailing Address

5305 S. PINE AVE.
OCALA FL 34480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1991

3a. Date of Last Report

03/04/1994

4. FEI Number

59-3094847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HUEBNER, MAX
5305 S PINE AVE
OCALA FL 34480

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

Signature of Agent or Director

Signature of Registered Agent or Person Requesting Change

(Date)

OFFICERS AND DIRECTORS

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME

1

NAME

2

STREET ADDRESS

3

CITY, ST, ZIP

4

NAME

5

STREET ADDRESS

6

CITY, ST, ZIP

7

NAME

8

STREET ADDRESS

9

CITY, ST, ZIP

10

NAME

11

STREET ADDRESS

12

CITY, ST, ZIP

13

NAME

14

STREET ADDRESS

15

CITY, ST, ZIP

16

NAME

17

STREET ADDRESS

18

CITY, ST, ZIP

19

NAME

20

STREET ADDRESS

21

CITY, ST, ZIP

22

13. NAME

14 NAME

15 STREET ADDRESS

16 CITY, ST, ZIP

17 NAME

18 STREET ADDRESS

19 CITY, ST, ZIP

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 NAME

27 STREET ADDRESS

28 CITY, ST, ZIP

29 NAME

30 STREET ADDRESS

31 CITY, ST, ZIP

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonreporting status under 199.032, Florida Statutes. I further certify that the change was authorized by the corporation's board of directors and that my signature shall have the same legal effect as if made under oath. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my name appears on the Florida Department of State's list of registered agents.

SIGNATURE:

Max Huebner MAX HUEBNER

1/12/95

1-904-732-6991