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95 MAY 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **V03205** **(4)**

1. Corporate Name

AUTO MOTION, INC.

Principal Place of Business
~~1406-A S.W. 15TH AVE~~
~~OCALA FL 32674~~

Mailing Address
~~1406 SW 16TH AVE~~
~~OCALA FL 32674~~
1108 W. Kinson St
Orlando, Fl
32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/26/1991	04/21/1994

21	2. Principal Place of Business	26	2a. Mailing Address	4. FEI Number: 59-3111473	Applied For / Not Applicable
22	Suite, Apt. # etc.	27	Suite, Apt. # etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	City & State	28	City & State	6. Name of Contact Person and Daytime Telephone Number ☐	$5.00 May Be Added to Fees
24	Zip	25	Country	29 Zip	30 Country	8. The corporation has/has not elected to be taxed as an "S" corporation under Section 1362 of the Internal Revenue Code. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETRY, WRAY 1108 WILKINSON STREET ORLANDO FL 32803	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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent and the address of the registered agent are identical.

Signature

12. Officers and Directors	13. Additional Officers and Directors
DVS	
PETRY, GREGORY	
1406-A S.W. 15 AVE.	
OCALA FL	
DPT	
PETRY, RANDALL	
1406-A S.W. 15 AVE.	
OCALA FL	
DS	
PETRY, WRAY	
1108 WILKINSON STREET	
ORLANDO FL	

14. I hereby certify that the information supplied with this report is true. For profit corporations, I further certify 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 above, or on an attachment with an entity name, on page 1, Section 12.

SIGNATURE: Wray Petry 5/15/95 407-893-1900
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Area Code & Daytime Phone Number

0351255 CP