FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V08548** **(2)**

1. Corporate Name
THE USED CAR COMPANY OF VOLUSIA COUNTY, INC.

Principal Place of Business
5510 S. RIDGEWOOD AVE.
PORT ORANGE FL 32127

Mailing Address
5510 S. RIDGEWOOD AVE.
PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/23/1992**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 22
Suite, Apt. # or Bldg. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-3102413** — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SKILLMAN, HOWARD
1205 SPARTON AVE.
PORT ORANGE FL 32119

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 607.1608, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	DPVT	TITLE	DPVT ☒ Change ☐ Addition
NAME	SKILLMAN, HOWARD	NAME	Skillman Howard
STREET ADDRESS	1205 SPARTON AVE.	STREET ADDRESS	4445 S. Atlantic #801
CITY, ST, ZIP	PORT ORANGE FL 32119	CITY, ST, ZIP	Ponce Inlet Fla 32127
TITLE	S	TITLE	S ☒ Change ☐ Addition
NAME	SKILLMAN, HOWARD	NAME	Skillman Howard
STREET ADDRESS	1205 SPARTON AVE.	STREET ADDRESS	4445 S. Atlantic #801
CITY, ST, ZIP	PORT ORANGE FL 32119	CITY, ST, ZIP	Ponce Inlet Fla 32127
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, substantially formatted and does not qualify for the compliance statutes in Section 119.07(5)(b), Florida Statutes. Further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or is shown on an attachment with an address.

SIGNATURE: Howard W Skillman — 4-27-95 — 9047600984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Howard W Skillman

0008845 CP