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

DOCUMENT # **V11369** **(8)**

1. Corporate Name
DAVID'S USED CARS, INC.

Principal Place of Business	Mailing Address
3159 S. ORLANDO DR. SANFORD FL 32773 US	3159 S. ORLANDO DR. SANFORD FL 32773 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/04/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **59-3108495** ☐ Applied For ☐ Not Applicable
Suite Apt # etc. 22
Suite Apt # etc. 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 County 25
Zip 29 County 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRANNON, DAVID A.
3159 S. ORLANDO DR.
SANFORD FL 32773

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 Section 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRANNON-WILSON, DAVID A.
STREET ADDRESS	617 BETH DR.
CITY-ST-ZIP	SANFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is complete, accurate and current as of the date of this report. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that the signature below authorizes this report to be delivered for filing to the Department of State. I am a director or officer 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 address.

SIGNATURE: *David A Brannon* **4/26/95** **407-321-6333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0060032 CP