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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V13641

1. Corporation Name

SHAWNEE AUTO SALES, INC.

Principal Place of Business: 2100 South Dixie Hwy. West Palm Beach, FL 33401

Mailing Address: ~~Same~~

400001517884
-06/20/95--01096--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/13/92
3a. Date of Last Report: 5/94

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 c/o LEONE & ASSOCIATES 11000 Prosperity Farms Road
22 Suite, Apt #, etc	27 Suite, Apt #, etc. Suite 104
23 City & State	28 City & State Palm Beach Gardens FL
24 Zip / 25 Country	29 Zip 33410 / 30 Country USA

4. FEI Number: 65-0320273 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DONALD L. KOKENGE
2100 SOUTH DIXIE HWY.
WEST PALM BEACH, FL 33401

10. Name and Address of New Registered Agent

81 Name: Philip E. Leone
82 Street Address (P.O. Box Number is Not Acceptable): c/o Leone & Associates, P.A
83 11000 Prosperity Farms Road, Suite 104
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

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] DATE: 4/22/95

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/VP/T/S/D (100% OWNER)	1.1 TITLE	☒ Change ☐ Addition
NAME	DONALD L. KOKENGE	1.2 NAME	
STREET ADDRESS	~~2100 SOUTH DIXIE HWY.~~	1.3 STREET ADDRESS	447 Riverbriar Lane
CITY ST ZIP	~~WEST PALM BEACH, FL 33401~~	1.4 CITY ST ZIP	Kodak TN 37764
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] – DONALD L. KOKENGE 4-25-95 407-791-2548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #