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 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62447** **(0)**

1. Corporation Name
CENTRAL AUTO SALES OF PALATKA, INC.

Principal Place of Business
3515 REID ST.
PALATKA FL 32177

Mailing Address
3515 REID ST.
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/08/1992**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3171849** 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 S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
REGISTER, SHARON
3515 REID ST.
PALATKA FL 32177

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 607.0505 and 607.0508, 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. Florida, are: (a) 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	DP
NAME	REGISTER, SHARON
STREET ADDRESS	RT. 1, BOX 274R
CITY, ST, ZIP	SAN MATEO FL
TITLE	DST
NAME	STAPLES, WESLEY
STREET ADDRESS	RT. 3, BOX 1512
CITY, ST, ZIP	PALATKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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

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

☐ Change ☐ Addition
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CITY, ST, ZIP

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

14. I hereby certify that the information supplied with this filing is accurate and that such filing for the corporation stated in Section 607.0505, Florida Statutes. Further certify that the information contained on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. Further certify that the corporation has filed the corporation's federal income tax return or is not required to file the report as required by Chapter 607, Florida Statutes, and that my name appears in Item 12 or Item 13 of this report or is added by attachment with an address.

SIGNATURE: WESLEY STAPLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (904) 328-6929
DATE TELEPHONE

0013212 CP