

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000023881

**Entity Name:** DEALER VEHICLE ACCESSORIES, INC.

**Current Principal Place of Business:**

5262 LONGLEAF STREET  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

P O BOX 14000  
JACKSONVILLE, FL 32238

**FEI Number:** 04-3786870

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCMENAMY, WILLIAM B  
245 RIVERSIDE AVENUE  
SUITE 450  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D	Title	D
Name	NIMNIGHT, BILLIE NIII	Name	NIMNIGHT, LEE A
Address	1550 CASSAT AVE.	Address	1550 CASSAT AVE.
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEE NIMNIGHT

D

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date