

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000033488

**Entity Name:** AUTO DATA DIRECT SERVICES, INC.**Current Principal Place of Business:**1830 EAST PARK AVENUE  
SUITE 1  
TALLAHASSEE, FL 32301**Current Mailing Address:**1830 EAST PARK AVENUE  
SUITE 1  
TALLAHASSEE, FL 32301 US**FEI Number:** 32-0245909**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CEO, CHAIRMAND OF THE BOARD  
Name BROCKMAN, ROBERT T  
Address 6700 HOLLISTER  
City-State-Zip: HOUSTON TX 77040

Title DIRECTOR  
Name DEATON, ALFRED L III  
Address 6700 HOLLISTER  
City-State-Zip: HOUSTON TX 77040

Title PRESIDENT  
Name NALLEY, ROBERT M  
Address 6700 HOLLISTER  
City-State-Zip: HOUSTON TX 77040

Title EXECUTIVE VICE PRESIDENT  
Name BARRAS, NORMAN T  
Address 6700 HOLLISTER  
City-State-Zip: HOUSTON TX 77040

Title TREASURER  
Name BURNETT, ROBERT D  
Address 6700 HOLLISTER  
City-State-Zip: HOUSTON TX 77040

Title CFO, SECRETARY  
Name MOSS, M CRAIG  
Address 6700 HOLLISTER  
City-State-Zip: HOUSTON TX 77040

Title VP  
Name TAYLOR, JIM  
Address 1830 EAST PARK AVENUE  
SUITE 1  
City-State-Zip: TALLAHASSEE FL 32301

Title VP  
Name KERR, RICK  
Address 1830 EAST PARK AVENUE  
SUITE 1  
City-State-Zip: TALLAHASSEE FL 32301

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*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:** MARK F BALES**ASSISTANT SECRETARY** 04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                     |
|-----------------|---------------------|
| Title           | ASSISTANT SECRETARY |
| Name            | BALES, MARK F       |
| Address         | 1 REYNOLDS WAY      |
| City-State-Zip: | KETTERING OH 45430  |