

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JAMES B. MOULTON  
GOVERNOR

APPROVED  
AND  
FILED

DOCUMENT # **K71424 (1)**  
**CARRAWAY'S 4 X 4 & PERFORMANCE SHOP, INC.**

05 MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Address: **4494 ENTREPOT BLVD TALLAHASSEE FL 32310**  
Mailing Address: **4494 ENTREPOT BLVD TALLAHASSEE FL 32310**

DO NOT WRITE IN THIS SPACE

2. Filing Date: <b>03/09/1999</b>		3a. Date of Last Report: <b>08/30/1994</b>	
21. Mailing Address: <b>4435 Entrepot Blvd.</b>		4. FET Number: <b>59-2934895</b>	
22. State App #		5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City, State: <b>TALL. FLA.</b>		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip Code: <b>32310</b>		7. Has Corporation been subject to proceedings under Chapter 607, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CARRAWAY, CECIL OTT JR. RT. 3, BOX 5140-8 CRAWFORDVILLE FL 32327</b>				81. Name:			
				82. Street Address (P.O. Box Number is Not Acceptable):			
				83. City:			
				84. State: <b>FL</b> 85. Zip Code:			

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent with 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 not an attorney and I am not applying for the benefits of the Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P <b>CARRAWAY, CECIL OTT JR. ROUTE 3, BOX 5140-8 CRAWFORDVILLE FL 32327</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law for the Florida Statutes. I further certify that the information included in this annual report is supplemental annual reports, 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 have authority to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or changed in an attachment with an address.

SIGNATURE: **Cecil O Carraway Jr.** **Cecil O Carraway Jr** 05-09-95 574-4294