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Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L16254** (9)
1. Corporation Name
A-1 TRANSMISSIONS, AUTO AIR AND USED CARS, INC.



Principal Place of Business 1900 EAST AVENUE PANAMA CITY FL 32405	Mailing Address 1900 EAST AVENUE PANAMA CITY FL 32405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 09/14/1989	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		4. FEI Number 59-3004923	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent GRANGER, DARRELL R. 1900 EAST AVENUE PANAMA CITY FL 32405				10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent GRANGER, DARRELL R. 1900 EAST AVENUE PANAMA CITY FL 32405				81 Name	
9. Name and Address of Current Registered Agent GRANGER, DARRELL R. 1900 EAST AVENUE PANAMA CITY FL 32405				82 Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent GRANGER, DARRELL R. 1900 EAST AVENUE PANAMA CITY FL 32405				83	
9. Name and Address of Current Registered Agent GRANGER, DARRELL R. 1900 EAST AVENUE PANAMA CITY FL 32405				84 City FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	GRANGER, DARRELL R.	1.2 NAME	Braun, Sharron G.
STREET ADDRESS	1900 EAST AVENUE	1.3 STREET ADDRESS	2413 Ormond Avenue
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	DVP ☐ DELETE	2.1 TITLE	
NAME	GRANGER, EDNA E.	2.2 NAME	
STREET ADDRESS	1900 EAST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	3.1 TITLE	
NAME	BRAUN, RICHARD S	3.2 NAME	
STREET ADDRESS	2413 ORMOND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address.

SIGNATURE _____ 3/13/98 (850) 769-5468

CR2E034 (10/97)