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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067625 (0)

1. Corporation Name
AFFORDABLE TRUCK & AUTO SUPPLY, INC.



Principal Place of Business
300 N.W. PARK STREET
OKEECHOBEE FL 34970

Mailing Address
300 N.W. PARK STREET
OKEECHOBEE FL 34972-4147

3. Date Incorporated or Qualified: 08/24/1995
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3885 US Hwy 27 South State, Apt. #, etc.	26	65-0603304	Not Applicable
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Sebring, Florida	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33870	29 Country USA	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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: _____ DATE: _____
(NOTE: Registered Agent's signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETED <input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHERRELL, SANDRA	1.2 NAME	
STREET ADDRESS	300 N.W. PARK STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL 34970	1.4 CITY- ST- ZIP	
TITLE	DELETED <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	DELETED <input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	DELETED <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	DELETED <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	DELETED <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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 any attachment with an address.

SIGNATURE: *Sandra M. Wherrell* 3/17/97 (941) 763-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)