

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V09372** (6)

1. Corporation Name
TRI-COUNTY TRANSMISSION & AUTO REPAIR, INC.



Principal Place of Business Mailing Address
PO BOX 1298 CHIEFLND FL 32626 **PO BOX 1298 CHIEFLND FL 32626**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **15565 N.W. Highway 19**
22 City & State 27
23 Zip Country 28 City & State
24 Zip Country 29 City & State 30

3. Date Incorporated or Qualified **01/27/1992** 3a. Date of Last Report **04/10/1995**
4. FEI Number **59-3103764** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SHELTON, ROBERT
RT 2, BOX 1298
CHIEFLND FL 32626

10. Name and Address of New Registered Agent
11 Name
12 Street Address (P.O. Box Number is Not Acceptable)
13
14 City
FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abovesigned 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 responsibility changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, ROBERT	1.2. NAME	
STREET ADDRESS	RT 2, BOX 278	1.3. STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND FL	1.4. CITY - ST - ZIP	
TITLE	VSTD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, MERRIE J	2.1. NAME	
STREET ADDRESS	RT 2, BOX 278	2.2. STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND FL	2.3. CITY - ST - ZIP	
TITLE		2.4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.5. NAME	
STREET ADDRESS		2.6. STREET ADDRESS	
CITY - ST - ZIP		2.7. CITY - ST - ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1. NAME	
STREET ADDRESS		3.2. STREET ADDRESS	
CITY - ST - ZIP		3.3. CITY - ST - ZIP	
TITLE		3.4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.5. NAME	
STREET ADDRESS		3.6. STREET ADDRESS	
CITY - ST - ZIP		3.7. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1. NAME	
STREET ADDRESS		4.2. STREET ADDRESS	
CITY - ST - ZIP		4.3. CITY - ST - ZIP	
TITLE		4.4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.5. NAME	
STREET ADDRESS		4.6. STREET ADDRESS	
CITY - ST - ZIP		4.7. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1. NAME	
STREET ADDRESS		5.2. STREET ADDRESS	
CITY - ST - ZIP		5.3. CITY - ST - ZIP	
TITLE		5.4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.5. NAME	
STREET ADDRESS		5.6. STREET ADDRESS	
CITY - ST - ZIP		5.7. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1. NAME	
STREET ADDRESS		6.2. STREET ADDRESS	
CITY - ST - ZIP		6.3. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an address.

SIGNATURE: *Merrie J. Shelton* Merrie J. Shelton 3/28/96 352-443-4531

CR2E034 (12/95)