

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 10 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 # V09372 (6)
1. Corporation Name
TRI-COUNTY TRANSMISSION & AUTO REPAIR, INC.



Principal Place of Business Mailing Address
~~PO BOX 1200~~ 15565 NW Hwy 19 CHIEFLND FL 32626
15565 NW HWY 19 CHIEFLND FL 32626-5679 US

2. Principal Place of Business 2a. Mailing Address
21 15565 NW Hwy 19 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 Chiefland FL 28
Zip Country Zip Country
24 32626 25 US 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
01/27/1992 04/02/1996
4. FEI Number Applied For
59-3103764 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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHELTON, ROBERT	
STREET ADDRESS	RT 2, BOX 278	
CITY - ST - ZIP	CHIEFLND FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SHELTON, MERRIE J	
STREET ADDRESS	RT 2, BOX 278	
CITY - ST - ZIP	CHIEFLND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shelton, Robert	
1.3 STREET ADDRESS	12291 NW 82nd CT	
1.4 CITY - ST - ZIP	Chiefland FL 32626	
2.1 TITLE	VSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shelton, merrie J	
2.3 STREET ADDRESS	12291 NW 82nd CT	
2.4 CITY - ST - ZIP	Chiefland FL 32626	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an attachment with an address.

SIGNATURE: Merrie J. Shelton 3/06/97 352493-4531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)