

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 15565 NW HIGHWAY 19, CHIEFLND FL 32626, US
Mailing Address: 15565 NW HWY 19, CHIEFLND FL 32626, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-25)
2a. Mailing Address (26-30)
City & State: CHIEFLAND, FL

3. Date Incorporated or Qualified: 01/27/1992
4. FEI Number: 59-3103764
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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
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): 12291 NW 82nd COURT
83
84 City: CHIEFLAND, 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: PD	NAME: SHELTON, ROBERT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12291 NW 82ND COURT	CITY-ST-ZIP: CHIEFLND FL	1.2 NAME	
TITLE: VSTD	NAME: SHELTON, MERRIE J	1.3 STREET ADDRESS	
STREET ADDRESS: 12291 NW 82ND COURT	CITY-ST-ZIP: CHIEFLND FL	1.4 CITY-ST-ZIP: CHIEFLAND	
TITLE: VP	NAME: KIMBERLY R. SHELTON	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12291 NW 82nd COURT	CITY-ST-ZIP: CHIEFLAND, FL 32626	2.2 NAME	
TITLE:	NAME:	2.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: CHIEFLAND	
TITLE:	NAME:	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
TITLE:	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE:	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I 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: _____ DATE: 1-22-98 403-4531

CR2E034 (10/97)