

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

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**Apr 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
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DOCUMENT # 139301 (6)

1. Corporation Name
TALLHASSEE MOTORS INC.



Principal Place of Business 243 N. MAGNOLIA DR. TALLHASSEE FL 32301 US	Mailing Address P.O. BOX 510 TALLHASSEE FL 32302-0510
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/01/1940	3a. Date of Last Report 04/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0474263	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. 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	
HUMPHRIES, J. GREGORY 201 E. PINE ST STE. 701 ORLANDO FL 32801		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	20 NORTH ORANGE AVE
		83. Suite	Suite 1000
		84. City	Orlando
		85. State	FL
		86. Zip Code	32801

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, R L	1.2 NAME	
STREET ADDRESS	243 NORTH MAGNOLIA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEALEY, DONALD C	2.2 NAME	
STREET ADDRESS	350 S. LAKE DESTINY DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRA, ALBERT M	3.2 NAME	
STREET ADDRESS	3118 E. HILL RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	GRAND BLANC MI	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, W. WARNER	4.2 NAME	
STREET ADDRESS	350 S. LAKE DESTINY DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32810	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMPKIN, JOHN	5.2 NAME	
STREET ADDRESS	243 N MAGNOLIA DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLHASSEE FL 32301	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 an attachment with an address.

SIGNATURE: *John Lumpkin* **4/5/97** **904-877-1172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)