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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000037741			
1. Corporation Name AFTER HOURS GARAGE OF OCALA INC			
Principal Place of Business 1101 N 24TH AVE OCALA FL 34475		Mailing Address 1101 N 24TH AVE OCALA FL 34475	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1101 N.W. 24th ave Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 1101 N.W. 24th ave Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent SNELL, ROBERT C 1360 N 24TH AVE OCALA FL 34475		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres NAME ROBERT C SNELL STREET ADDRESS 1360 N.W. 24th ave. CITY-ST-ZIP OCALA FL 34475		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE V.P. NAME THOMAS SNELL STREET ADDRESS 17160 SE 104th AVE. CITY-ST-ZIP SUMMERFIELD FL 34491		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE Sec NAME MARCIA SNELL STREET ADDRESS P.O. Box 2154 CITY-ST-ZIP OCALA FL 34475		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE Treas NAME TIMOTHY SNELL STREET ADDRESS 1360 NW 24th AVE CITY-ST-ZIP OCALA FL 34475		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

Robert C Snell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 352-6291126

Date

Daytime Phone #

CR2E034 (11/98)