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Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 245087 (2)
1. Corporation Name
CENTRAL GARAGE, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2230 31ST. ST. SO. ST PETERSBURG FL 33712 US		Mailing Address 2230 31ST. ST. SO. ST PETERSBURG FL 33712 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CANNON, JOHN W. 2230 31ST ST. SO. ST PETERSBURG, FL 33712		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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.		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BAUMAN, ROBERT A	1.2 NAME	
STREET ADDRESS	2811 KIPPS COLONY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	
NAME	CANNON, JOHN	2.2 NAME	
STREET ADDRESS	313 TALLAHASSEE DR NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33702	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	BAUMAN, MICHAEL C.	3.2 NAME	
STREET ADDRESS	1726 WHISKEY CREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BAUMAN, RONALD T.	4.2 NAME	
STREET ADDRESS	15004 DAWSON RIDGE DR. 10324 CARROLL	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612 LOWE PLAC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 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: *John W. Cannon* Date: *4/15/98* *245087*

CR2E034 (10/97)