
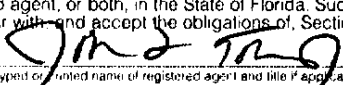


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 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 # 282528 1. Corporation Name HUGGINS AND OTHEN TIRE SERVICE, INC.			
Principal Place of Business 408 WEST EIGHTH STREET JACKSONVILLE, FL 32206		Mailing Address 408 WEST EIGHTH STREET JACKSONVILLE, FL 32206	
2. Principal Place of Business 21 2301 Park Ave. Suite, Apt. #, etc. 22 Suite #406 City & State 23 Orange Park, FL Zip 24 32073		2a. Mailing Address 26 2301 Park Ave. Suite, Apt. #, etc. 27 Suite #406 City & State 28 Orange Park, FL Zip 29 32073 Country 30 Clay	
3. Date Incorporated or Qualified 6/18/64 3a. Date of Last Report 03/13/96 4. FEI Number 69-1050197 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent COLD, KATHLEEN H 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202		10. Name and Address of New Registered Agent 81 Name JOHN F. TOLSON, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 2301 Park Ave., Suite #406 83 84 City Orange Park, FL 85 Zip Code 32073	
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's signature required when reinstating) DATE 4/3/97			
12. OFFICERS AND DIRECTORS TITLE P <input checked="" type="checkbox"/> DELETE NAME HUGGINS, WILLIAM J. STREET ADDRESS 408 W 8TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE S <input checked="" type="checkbox"/> DELETE NAME JACKSON, E I STREET ADDRESS 408 W 8TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE VP <input checked="" type="checkbox"/> DELETE NAME WALKER, B A STREET ADDRESS 408 W 8TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE T <input checked="" type="checkbox"/> DELETE NAME JACKSON, B.H. STREET ADDRESS 408 W. 8TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE PD <input checked="" type="checkbox"/> DELETE NAME PRICE, ROBERT M. STREET ADDRESS 408 W. 8TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32206 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 checked="" type="checkbox"/> Addition 1.2 NAME JOHN F. TOLSON, JR. 1.3 STREET ADDRESS 2301 PARK AVE., SUITE #406 1.4 CITY-ST-ZIP ORANGE PARK, FL 32073 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 100002179471 6.3 STREET ADDRESS -05/15/97--01021--022 6.4 CITY-ST-ZIP ***165.00			

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 F. TOLSON, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1997
Date

(904)269-0050
Daytime Phone #

CR2E034 (9/96)