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Mar 24 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 # 441494 (2)

1. Corporation Name
CAPITAL CAR CARE CENTER, INC.



Principal Place of Business
1010 W. THARPE ST.
TALLAHASSEE FL 32303
US

Mailing Address
1010 WEST THARPE STREET
TALLAHASSEE FL 32303-5359

2. Principal Place of Business:	2a. Mailing Address:	3. Date Incorporated or Qualified 12/07/1973	3a. Date of Last Report 01/22/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1512373	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ANDREWS, MARVIN
1010 W THARPE ST
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name: McConne ll, John A.
82 Street Address (P.O. Box Number is Not Acceptable): 1010 W. Tharpe St
83
84 City: Tallahassee FL 85 Zip Code: 32303

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: *John A. McConnell* DATE: 3-18-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	STD ANDREWS, NORMA V.	548 MACLAY ROAD	TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE															
	PD ANDREWS, R. MARVIN	548 MACLAY ROAD	TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
	PD McConnell, John A	1909 Sherwood Dr	Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
	STD McConnell, Elaine F.	1909 Sherwood Dr	Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			

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 furnished 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 a full-time 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine F. McConnell* DATE: 3-19-97 (904) 942-9169
SIGNATURE AND TYPE/DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)