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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

Mailing Address

**1010 W. THARPE ST.
TALLAHASSEE FL 32303
US**

**1010 WEST THARPE STREET
TALLAHASSEE FL 32303-5359**

3. Date Incorporated or Qualified 12/07/1973	3a. Date of Last Report 01/22/1996
4. FEI Number 59-1512373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, MARVIN
1010 W THARPE ST
TALLAHASSEE FL 32303**

81. Name **McConne II, John A.**
82. Street Address (P.O. Box Number is Not Acceptable)
1010 W. Tharpe St
83. 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 not a resident of Florida and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

John A. McConnell

3-18-97

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ANDREWS, NORMA V.		1.2 NAME McConnell, John A	
1.3 STREET ADDRESS 548 MACLAY ROAD		1.3 STREET ADDRESS 1909 Sherwood Dr	
1.4 CITY - ST - ZIP TALLAHASSEE FL		1.4 CITY - ST - ZIP Tallahassee, FL 32303	
2.1 TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME ANDREWS, R. MARVIN		2.2 NAME McConnell, Elaine F.	
2.3 STREET ADDRESS 548 MACLAY ROAD		2.3 STREET ADDRESS 1909 Sherwood Dr	
2.4 CITY - ST - ZIP TALLAHASSEE FL		2.4 CITY - ST - ZIP Tallahassee, FL 32303	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 included 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: *Elaine F. McConnell* **Elaine F. McConnell** **3-19-97 (904) 942-9169**
SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (9/96)