F	E NUW: FIL PROFIT PORATION		FLORIDA DEPA	ARTMENT	OF STATE			
ANNU	JAL REPORT		Sandra B. Mortham Secretary of State					
1996			DIVISION OF CORPORATIONS					
DOCUMENT # 501230 (7)					_			
AUTO	MOTIVE ACCES	Sories, incori	PORATED					
Principal Place	of Business	Ň	Mailing Address				I BURI ULUH UJUH URUH	AJAYI ALALA ATATI TAAT
30 INDUSTRIAL BLVD PENSACOLA FL 32503			30 INDUSTRIAL BLVD PENSACOLA FL 32503					
			•			3. Date Incorporated or Qualified 04/14/1976	3a. Date of Las 04/25/	
2. Principal Pla 21	ace of Business	2a 26	a. Mailing Address			4. FEI Number 59-1661359		Applied For Not Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22 City & State		27	City & State			6. Election Campaign Financing		ee Required
23		28]			Trust Fund Contribution	Ac	ded to Fees
Zip 24			Zip Country 30		untry	 8. This corporation has liability for i Florida Statutes Yes 	•	rs 199.032,
	9. Name and Add	dress of Current Regi	stered Agent		81 Name	10. Name and Address of New R	egistered Agent	
	AM, JAMES E. JR.					Iress (P.O. Box Number is Not Acceptab	o)	
30 INDU	JSTRIAL BLVD.				83		·	
PENOAU	COLA FL 32503							
11 D					84 City		FL B5	Zip Code
11. Pursuant to or registere familiar wit	to the provisions of se ed agent, or both, in t the and accept the obl	ctions 607.0502 and bi he State of Florida. Suc ligations of Section 601	07.1508, Florida Statute 3h change was authorize 7.0505, Florida Statutes	ed by the	ove-named corpo corporation's boa	ration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing i pintment as registe	ts registered office ired agent. I am
SIGNATURE								
12.		of registered agent and tite OFFICERS AND DIRE	CTORS	ITE: Registere 13.	o Agent signature require	ad when reinstating: ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIREC	
TITLE NAME	PD Fordham.jan	15° 5 10	DELETE		TITLE	· · ·	🔲 Chan	CTORS IN 12 567
NAME STREET ADDRESS	30 INDUSTRIAL				NAME STREET ADDRESS			034
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CITY-ST-ZIP	PENSACOLA F			240	CITY - ST - ZIP			
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TITLE NAME			DELETE		TITLE NAME		🛄 Chang	ge 🔲 Addition
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TITLE			DELETE	5 1 1			🔲 Chang	ge 🔲 Addition
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TITLE			DELETE		TITLE		🗋 Chang	ge 🔲 Addition
NAME STREET ADDRESS					NAME STREET ADDRESS			ľ
CITY+ST+ZIP		\square		64C	CITY-ST-ZIP			
 certify that 	the information indica	ated on this annual reoc	ort or supplemental annu	ual renort	is true and accura	for the exemption stated in Section 119. ate and that my signature shall have the	same lenal effect a	as if made under
oath; that I am an officer or disclured the corporation or the receiver or trustee enjowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloch 3 or changed, or on an attachment with an address								
SIGNATURE: SIGNATURE AND UNEO OR PRINTED NAME OF STAINING OFFICER OR DIRECTOR								