


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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 552649			
1. Corporation Name <i>Buddy's Garage, Inc.</i>			
Principal Place of Business <i>4325 W. Pensacola St.</i>		Mailing Address <i>4325 W. Pensacola St.</i>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <i>SAME</i>	26 <i>SAME</i>		<i>1996</i>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		<i>591791100</i>	Not Applicable
23 City & State <i>Tallahassee, FL</i>	28 City & State <i>SAME</i>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip <i>32304</i>	25 County <i>Leon</i>	6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
29 Zip <i>32304</i>	30 County <i>Leon</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>John Miller 122 Applewood Dr. Tallahassee, FL 32303</i>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <i>FL</i> 85 Zip Code	
11. Pursuant to the provisions of sections 607.050 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 <i>Chae Shiner</i>		DATE <i>4/15/97</i>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <i>President</i>		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME <i>James Shiner</i>		13.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 STREET ADDRESS <i>H2C Box 9175</i>		13.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 CITY-STATE-ZIP <i>Tall, FL 32310</i>		13.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 TITLE <i>Secretary</i>		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME <i>Allie Shiner</i>		13.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 STREET ADDRESS <i>H2C Box 9175</i>		13.7 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.8 CITY-STATE-ZIP <i>Tall, FL 32310</i>		13.8 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 TITLE <input type="checkbox"/> DELETE		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME <input type="checkbox"/> DELETE		13.10 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.11 STREET ADDRESS <input type="checkbox"/> DELETE		13.11 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.12 CITY-STATE-ZIP <input type="checkbox"/> DELETE		13.12 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 TITLE <input type="checkbox"/> DELETE		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.14 NAME <input type="checkbox"/> DELETE		13.14 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.15 STREET ADDRESS <input type="checkbox"/> DELETE		13.15 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.16 CITY-STATE-ZIP <input type="checkbox"/> DELETE		13.16 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.17 TITLE <input type="checkbox"/> DELETE		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.18 NAME <input type="checkbox"/> DELETE		13.18 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.19 STREET ADDRESS <input type="checkbox"/> DELETE		13.19 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.20 CITY-STATE-ZIP <input type="checkbox"/> DELETE		13.20 CITY-STATE-ZIP <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 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.		700002162007 -05/01/97--01037--042 ***170.00	
SIGNATURE <i>Allie Shiner</i>		DATE <i>4/15/97</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE <i>576-8817</i>	

CR2E034 (9/96)