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Feb 28 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 # 666158 (1)

1. Corporation Name
SCOTT-MCRAE AUTOMOTIVE GROUP, INC.

Principal Place of Business
1725 MEMORIAL PARK DR.
JACKSONVILLE FL 32204

Mailing Address
1725 MEMORIAL PARK DR.
JACKSONVILLE FL 32204-4117



3. Date Incorporated or Qualified 04/04/1980
3a. Date of Last Report 03/05/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1992210	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$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	Yes No

9. Name and Address of Current Registered Agent

S.R. GEIGER AND PAM L. WIKER
1725 MEMORIAL PARK DR.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD HERZOG, G.W. 701 FISK STREET JACKSONVILLE FL	1.1 TITLE	Change Addition
NAME	PD GRAHAM, HENRY H., JR. 1725 MEMORIAL PARK DRIVE JACKSONVILLE, FL 00000	1.2 NAME	Change Addition
STREET ADDRESS	VT MATHENY, LAWRENCE M., JR. 701 FISK STREET JACKSONVILLE FL	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	VD KOPP, E A, JR. 701 FISK STREET JACKSONVILLE FL	1.4 CITY-ST-ZIP	Change Addition
TITLE	VCD SCOTT, JACK L 4521 ORTEGA BLVD. JACKSONVILLE, FL 00000	2.1 TITLE	Change Addition
NAME	CD MCRAE, W A, JR. 1560 LANCASTER TERRACE JACKSONVILLE, FL 00000	2.2 NAME	Change Addition
STREET ADDRESS		2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change 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. Henry H. Graham 2-21-97 904-354-3300

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)