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FILED
Apr 25 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 # F29448 (0)
 1. Corporation Name
GRINER'S CHEVROLET-OLDSMOBILE, INC.



Principal Place of Business: HWY 19, P.O. BOX 400, CROSS CITY FL 32628
 Mailing Address: HWY 19, P.O. BOX 400, CROSS CITY FL 32628-0400

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/14/1981	01/22/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2082083	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRINER, KEN D US HWY 19, P.O. BOX N CROSS CITY FL 32628				81 Name	ROBERT H. HATCH		
				82 Street Address (P.O. Box Number is Not Acceptable)	US Hwy 19 Box 611		
				83			
				84 City	CROSS CITY	FL	85 Zip Code
							32628

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: *Robert H. Hatch* ROBERT H. HATCH 4-22-97 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E034 (9/96)
NAME	HATCH, ROBERT H.		1.2 NAME	LINDA F. HATCH			
STREET ADDRESS	PO BOX 611 NA		1.3 STREET ADDRESS	US HWY 19 P O BOX 611			
CITY-ST-ZIP	CROSS CITY FL		1.4 CITY-ST-ZIP	CROSS CITY FL 32628			
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRINER, LYNETTA U		2.2 NAME				
STREET ADDRESS	PO BOX 1819 NA		2.3 STREET ADDRESS				
CITY-ST-ZIP	CHIEFLND FL		2.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRINER, KEN D.		3.2 NAME				
STREET ADDRESS	PO BOX 1819 NA		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHIEFLND FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FLOYD, BEN H.		4.2 NAME				
STREET ADDRESS	PO BOX 75 NA		4.3 STREET ADDRESS				
CITY-ST-ZIP	CROSS CITY FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
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)(j), 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 any attachment with an address.

SIGNATURE: *Robert H. Hatch* ROBERT H. HATCH 4-22-97 (352) 498-3370