

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000965 (5)

1. Corporation Name:
NATIONAL AUTO/TRUCKSTOPS, INC.



Principal Place of Business: **3100 WEST END AVE STE - 200 NASHVILLE TN 37203-1349 US**
Mailing Address: **PO BOX 76 NASHVILLE TN 37202-0076 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **12/30/1992** 3a. Date of Last Report: **02/21/1995**
4. FEI Number: **36-3853982** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
I, the undersigned, hereby certify that I am an officer or director of the corporation and that I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, C WILLIAM	1.2 NAME	
STREET ADDRESS	3100 WEST END AVE / STE - 200	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NASHVILLE TN	1.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENNANT, DANNY L.	2.2 NAME	
STREET ADDRESS	3100 WEST END AVE SUITE 200	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NASHVILLE TN	2.4 CITY-STATE-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKSTOCK, JAMES F	3.2 NAME	
STREET ADDRESS	3100 WEST END AVE / STE - 200	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NASHVILLE TN	3.4 CITY-STATE-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, A. BRUCE	4.2 NAME	
STREET ADDRESS	3100 W END AVE/SUITE 200	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NASHVILLE TN	4.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, KENNETH W	5.2 NAME	
STREET ADDRESS	3100 WEST END AVE / STE - 200	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NASHVILLE TN	5.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNER, KENNETH E	6.2 NAME	
STREET ADDRESS	3100 WEST END AVE / STE - 200	6.3 STREET ADDRESS	
CITY-STATE-ZIP	NASHVILLE TN	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or applicable 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 a registered 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 changed, with an address.

SIGNATURE: *A. Bruce Reynolds* **A. BRUCE REYNOLDS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **V.P. & CFO**

2/9/96 **615-783-2679**
Date Filed Phone #

CR2E034 (12/95)