

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

FILED

**Jun 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/30/1992	3a. Date of Last Report 02/15/1996
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2. Principal Place of Business 21 24601 CENTER RIDGE RD Suite, Apt. #, etc. 22 STE 300 City & State 23 WESTLAKE, OH Zip 24 44145-5634	2b. Mailing Address 26 24601 CENTER RIDGE RD. Suite, Apt. #, etc. 27 STE 300 City & State 28 WESTLAKE, OH Zip 29 44145-5634	Country 25 USA 30 USA
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4. FEI Number 36-3853982	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

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

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OSBORNE, C WILLIAM	
STREET ADDRESS	3100 WEST END AVE / STE - 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TENNANT, DANNY L.	
STREET ADDRESS	3100 WEST END AVE SUITE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BLACKSTOCK, JAMES F	
STREET ADDRESS	3100 WEST END AVE / STE - 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CFOT	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, A. BRUCE	
STREET ADDRESS	3100 W END AVE/SUITE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARRIOS, KENNETH W	
STREET ADDRESS	3100 WEST END AVE / STE - 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DONNER, KENNETH E	
STREET ADDRESS	3100 WEST END AVE / STE - 200	
CITY-ST-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KUHN, EDWIN P	
1.3 STREET ADDRESS	24601 CENTER RIDGE RD, STE 300	
1.4 CITY-ST-ZIP	WESTLAKE, OH 44145-5634	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HINDERLITER, MICHAEL H.	
2.3 STREET ADDRESS	24601 CENTER RIDGE RD, STE 300	
2.4 CITY-ST-ZIP	WESTLAKE, OH 44145-5634	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	CFOT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGE, JAMES W.	
4.3 STREET ADDRESS	24601 CENTER RIDGE RD, STE 300	
4.4 CITY-ST-ZIP	WESTLAKE, OH 44145-5634	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOANE, TIMOTHY L.	
5.3 STREET ADDRESS	24601 CENTER RIDGE RD, STE 300	
5.4 CITY-ST-ZIP	WESTLAKE, OH 44145-5634	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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.

SIGNATURE _____
N.C. 6-13-97 115 103-2600

CR2E034 (9/96)

**NATIONAL
Auto/Truckstops, Inc.**

June 13, 1997

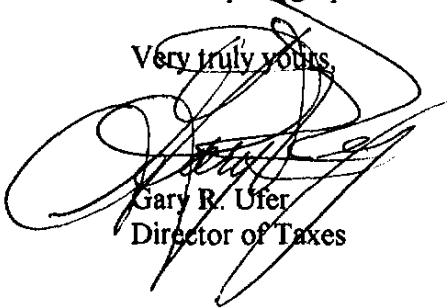
Florida Secretary of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: NATIONAL Auto/Truckstops, Inc.
Doc # F92000000965 (5)**

Enclosed is the Florida Profit Corporation Annual Report for the period ended December 31, 1997, filed on behalf of the above-named taxpayer. Also enclosed is our check in the amount of \$550.00 in payment of the tax due.

Please acknowledge receipt of this filing as well as our remittance by date-stamping one copy of this letter and returning it to the undersigned in the enclosed postage-paid envelope.

Very truly yours,



Gary R. Ufer
Director of Taxes

Check # 070242

Encl.
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