

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000002405 (9)

1. Corporation Name

MS DEALER SERVICE CORPORATION

Principal Place of Business

POST OFFICE BOX 6005
RIDGELAND MS 39158-6005

Mailing Address

POST OFFICE BOX 6005
RIDGELAND MS 39158-6005

FILED

97 APR 14 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 877 Executive Center Dr W

Suite, Apt. #, etc.

22 205

City & State

23 St. Petersburg, FL

Zip

24 33702

Country
25 USA

2a. Mailing Address

26 877 Executive Center Dr W

Suite, Apt. #, etc.

27 205

City & State

28 St. Petersburg, FL

Zip

29 33702

Country
30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/17/1993

3a. Date of Last Report

02/09/1996

4. FEI Number

64-0622117

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

400002143354--1
-04/15/97--01042--006
****173.75 ****173.75
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

NA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	KETTLESTRINGS, JOE	
STREET ADDRESS	877 EXECUTIVE CENTER DR W 205	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FURMAN, ROBERT S	
STREET ADDRESS	715 S. PEAR ORCHARD RD., STE. 400	
CITY-ST-ZIP	RIDGELAND MS 39157	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	STUART, JAMES B JR.	
STREET ADDRESS	715 S. PEAR ORCHARD RD., STE. 400	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOGUE, HAROLD A	
STREET ADDRESS	715 S. PEAR ORCHARD RD., STE. 400	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRIN, CARL	
STREET ADDRESS	HIGH ST. AT -55 N.	
CITY-ST-ZIP	JACKSON MS	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCBRAYER, JAMES D	
STREET ADDRESS	877 EXECUTIVE CENTER DR. WEST, #205	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jimmy C. Murray	
1.3 STREET ADDRESS	877 Executive Center Dr. W #205	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hogue, Harold A.	
4.3 STREET ADDRESS	715 S. Pear Orchard Rd., Ste. 400	
4.4 CITY-ST-ZIP	Ridgeland, MS 39157	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-97 601-978-6732

CR2E034 (9/96)