

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004611 (8)
 1. Corporation Name
WALTON COUNTY FORD-MERCURY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 254 NELSON AVE W DEFUNIAK SPRINGS FL 32433		Mailing Address 254 NELSON AVE W DEFUNIAK SPRINGS FL 32433	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	09/22/1995	59-3336472
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
23 City & State	28 City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24 Zip	25 Country	29 Zip	30 Country
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBRIDE, B. L.	1.2 NAME	
STREET ADDRESS	300 RENAISSANCE CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48243	1.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATARIA, B. P.	2.2 NAME	CREAMEAN, W.A.
STREET ADDRESS	300 RENAISSANCE CENTER	2.3 STREET ADDRESS	300 RENAISSANCE CENTER
CITY-ST-ZIP	DETROIT MI 48243	2.4 CITY-ST-ZIP	DETROIT MI 48243
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLINS, LEAHIA	3.2 NAME	POWERS, CATHERINE
STREET ADDRESS	4060 S. FERDON BLVD	3.3 STREET ADDRESS	254 HIGHWAY 90 WEST
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGGS, LEON	4.2 NAME	DORSEY, T.D.
STREET ADDRESS	PO BOX 1118	4.3 STREET ADDRESS	1450 LINCOLN PKWY., STE 450
CITY-ST-ZIP	CRESTVIEW FL 32536	4.4 CITY-ST-ZIP	ATLANTA, GA
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITJAN, W.H.	5.2 NAME	
STREET ADDRESS	1450 LINCOLN PKWY., STE 450	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERMIGER, J.M.	6.2 NAME	
STREET ADDRESS	1450 LINCOLN PKWY., STE 450	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Catherine Powers* Catherine Powers 1/10/98 850-892-6800

CR2E034 (10/97)