SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (9)J12346 AIR AUTO OF TALLAHASSEE, INC. Mailing Address Principal Place of Business % J. D. COATS % J. D. COATS 4951 BLOUNTSTOWN HIGHWAY 4951 BLOUNTSTOWN HIGHWAY 3a. Date of Last Report 3. Date Incorporated or Qualified TALLAHASSEE FL 32304-9009 TALLAHASSEE FL 32304-9009 08/07/1995 05/01/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2684213 26 \$8.75 Additional 21 Suite, Apt #, etc 5. Certificate of Status Desired Fee Required Suite, Apt #, etc 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes Yes No 28 23 Country Zio Country Zip 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) COATS, J. D. 4951 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 83 Zip Code 84 City 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 accept the obligations of Section 607,0505, Florida Statutes. (NOTE: Registered Agent signature require SIGNATURE Signature 1,063 or printed bank of registered agent and title 1 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. Change Addition 12. 1 5 Till E DELETE TITLE 1.2 NAME MCKENZIE, T. L. 13 STREET ADDRESS 4442 THOMASVILLE ROAD STREET ADDRESS 1 4 CITY - ST - ZIP Change Addition TALLAHASSEE FL CITY - ST - ZIP DELETE 21 TIFLE PD TITLE 2.2 NAME COATS, J. D. NAME 2.3 STREET ADDRESS 8049 TENNYSON DR STREET ADDRESS 2 4 CHTY - ST - ZIP Change Addition TALLAHASSEE FL CITY - ST - ZIP DELETE 3 1 TITLE TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition CITY-ST-ZIP DELETE 4.1 TIGE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP Change Addition CiTY - ST - ZIP DELETE 5.1 TiTLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61711.6 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS fushed and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 pfal annual report is true and accurate and that my signature shall have the same legal effect as if liver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and I with an address. CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily to further certify that the information indicated on this annual report or supplied made under oath, that I am an officer or director of the corporation of the team of the property of the corporation of the team of the property of the corporation of the team of the property of the corporation of the team of the property of the corporation of the team of the property of the corporation of the team of the property of the p with an address 3-6-96 9045767222

NAME OF SIGNING OFFICER OR DIRECTOR

0005663

SIGNATURE: