

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J21341 (9)**

1. Corporation Name
BEAVERS' AUTO CENTER, INC.



Principal Place of Business: **1609 S. MONROE STREET TALLAHASSEE FL 32301**
Mailing Address: **1609 S. MONROE STREET TALLAHASSEE FL 32301**

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

3. Date Incorporated or Qualified 06/26/1986	3a. Date of Last Report 03/17/1995
4. FEI Number 59-2368852	Applied For Not Applicable
5. Certificate of Status Deared <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00
8. This corporation has liability for filing late tax returns 1970-92, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**HARTSFIELD, PAUL F., JR.
211 S. GADSDEN STREET
TALLAHASSEE FL 32301**

81 Name	
82 Street Address (P.O. Box Number is Not Applicable)	
83	
84 City	
85 Zip Code	FL

11. Pursuant to the provisions of Sections 607.007 and 607.1509, Florida Statutes, for change of name of corporation, or for 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, if they are not the applicant, as registered agent, and I, the undersigned, accept the obligations of Section 607.009, Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAVERS, JAMES E	2. NAME	
STREET ADDRESS	719 MERRY ROBINS RD	3. STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	4. CITY-STATE-ZIP	
TITLE	VP	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHMORE, JUNE	6. NAME	
STREET ADDRESS	430 E COLLEGE AVE	7. STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	8. CITY-STATE-ZIP	
TITLE	VP	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAVERS, SHIRLEY H	10. NAME	
STREET ADDRESS	719 MERRY ROBINS RD	11. STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	12. CITY-STATE-ZIP	
TITLE	ST	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHMORE, R E	14. NAME	
STREET ADDRESS	430 E COLLEGE AVE	15. STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is true and correct, and I am not guilty for the violation of Section 190.01, Florida Statutes, if I further certify that the information indicated on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect and I make and I certify that I am an officer or director of the corporation, or the registered trustee, engaged to prepare the report 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 affidavit.

SIGNATURE: **Robert E. Ashmore** 3/28/96 222-7917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT E. ASHMORE

CR2E034 (12/95)