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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **J64897** (8)

1. Corporation Name
ESQUIRE AUTO SALES, INC.



Principal Place of Business: **1611 N PACE BLVD PENSACOLA FL 32505**
 Mailing Address: **1611 N PACE BLVD PENSACOLA FL 32505-6049**

3. Date Incorporated or Qualified: **03/27/1987**
 3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-fields for Suite, Apt #, City & State, Zip, and Country.

4. FEI Number: **59-2804982**
 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

9. Name and Address of Current Registered Agent
GALYEAN, R.C.
1611 N. PACE BLVD.
PENSACOLA FL 32505

10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS (DELETE)
 12.1 TITLE
 NAME: **PS GALYEAN, R.C.**
 STREET ADDRESS: **827 BAY CLIFFS ROAD**
 CITY-ST-ZIP: **GULF BREEZE FL**
 12.2 TITLE
 NAME: **VT GALYEAN, DIANA M.**
 STREET ADDRESS: **827 BAY CLIFFS RD.**
 CITY-ST-ZIP: **GULF BREEZE FL**
 12.3 TITLE
 NAME: **V SWANEY, JUDY C.**
 STREET ADDRESS: **RT.4, BOX 218**
 CITY-ST-ZIP: **MONTEVALLO AL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change Addition)
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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)(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, 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 or change _____ an attachment with an address.

SIGNATURE: **R.C. GALYEAN** 4-3-97 904-424-9458
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E034 (9/96)