

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J86284 (3)
1. Corporation Name
HOLMAN'S AUTOMOTIVE INC.

Principal Place of Business Mailing Address
11980 N. FLORIDA AVENUE 11980 N. FLORIDA AVENUE
DUNNELLON FL 34434 DUNNELLON FL 34434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/10/1987	
4. FEI Number 59-2879720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HOLMAN, DONALD
11980 N. FLORIDA AVE.
DUNNELLON FL 32630

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, DONALD S.	1.2 NAME	
STREET ADDRESS	11816 N. ANGUS HILLS TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, DONALD M.	2.2 NAME	
STREET ADDRESS	HIGHWAY 336 WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, LOUNELL C.	3.2 NAME	
STREET ADDRESS	11816 N. ANGUS HILLS TER	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, STACEY A	4.2 NAME	
STREET ADDRESS	HWY 336 WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 unchanged, or on an attachment with an address.

SIGNATURE DONALD M. HOLMAN

3-11-98

CR2E034 (10/97)