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Apr 23 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 # M76605 (8)
1. Corporation Name
FRIENDSHIP MOTOR CAR COMPANY

Principal Place of Business

1416 W. BASE ST.
MADISON FL 32340
US

Mailing Address

P.O. BOX 277
ST. MARKS FL 32355-0277
US



2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		04/15/1988	
22 City & State		05/01/1996	
23 Zip		3. Date Incorporated or Qualified	
24 Country		04/15/1988	
25		3a. Date of Last Report	
26		05/01/1996	
27		4. FEI Number	
28		59-2891301	
29		Applied For	
30		Not Applicable	
31		5. Certificate of Status Desired	
32		\$8.75 Additional Fee Required	
33		6. Election Campaign Financing	
34		\$5.00 May Be Added to Fees	
35		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
36		Yes No	

9. Name and Address of Current Registered Agent

JONES, E. HOWARD
11 NEWPORT ROAD
ST. MARKS FL 32355

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	DP	1.1 TITLE	
NAME	JONES, E. HOWARD	1.2 NAME	
STREET ADDRESS	3005 AVON CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	JONES, EDWIN H.	2.2 NAME	
STREET ADDRESS	750 DUPARC CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 if changed, on an attachment with an address.

SIGNATURE: *Edwin H. Jones* 4/18/97 904 925-6345

CR2E034 (9/96)