

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

FILED

Mar 18 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 #
1. Corporation Name P92000002136

HAGAN MOTORS, INC.

Principal Place of Business Mailing Address
6555 103rd St. 927 Arthur Moore Dr.
Jacksonville, FL 32210 Green Cove Springs, FL 32043

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 927 Arthur Moore Dr.		Nov. 2, 1992		1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Zip		28 Green Cove Springs, FL		59-3150095		Not Applicable	
24 Country		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Demere Mason 516 W. Adams St. Jacksonville, FL 32202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2301 Park Ave., Suite #406			
				83			
				84 City			
				Orange Park, FL			
				85 Zip Code			
				32073			

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  JOHN F. TOLSON, JR. 3/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Cleo W. Hagan
STREET ADDRESS		1.3 STREET ADDRESS	927 Arthur Moore Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Vicki Burns
STREET ADDRESS		2.3 STREET ADDRESS	927 Arthur Moore Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Sec./Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Miachel A. Burns
STREET ADDRESS		3.3 STREET ADDRESS	927 Arthur Moore Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, or on an attachment with an address.

SIGNATURE: Cleo W. Hagan

3-12-97

(904) 772 0891

CP2E034 (9/96)