

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000009785 (6)

1. Corporation Name

EXPRESS AUTOCENTER OF JACKSONVILLE, INC.

Principal Place of Business

3494 PHILLIPS HWY
JACKSONVILLE FL 32207
US

Mailing Address

3494-1 PHILLIPS HWY
JACK FL 32207-5610

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

05/28/1996

4. FEI Number

59-3153683

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

GAMWELL, TIMOTHY B
2215 NW 38TH ST.
MIAMI FL 33142

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	JOHNSON, JAMES R	3500 PHILLIPS HWY	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
SD	PADRAIC, EDIN M	3500 PHILLIPS HWY	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
T	SMITH, PATRICIA M	3500 PHILLIPS HWY	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P.O.	Madan, Norman	3500 Phillips Hwy	Jacksonville FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VSTO	Gamwell Tim	2215 NW 36th St.	MIAMI, FL 33142	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Connors, Tom	3261 Phillips Highway	Jacksonville FL 32142	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tim Gamwell

4/22/97

305-638-2010

CR2E034 (9/96)