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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93 000000161

1. Corporation Name
AXLE HOUSE & SUPPLY CO., INC.
148 S. INDUSTRIAL DR.
ORANGE CITY, FL 32763

Principal Place of Business (NEW)
65-B S. HWY US 17-92
DE BARY, FL. 32713

Mailing Address (SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JAN 1, 1993

4. FEI Number: 59-3155972 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 65-B S. US HWY 17-92	26 65-B S. US. HWY 17-92
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: DE BARY, FL.	28 City & State: DE BARY, FL.
24 Zip: 32713 25 Country: USA	29 Zip: 32713 30 Country: USA

9. Name and Address of Current Registered Agent

NANCY L. COFIELD
328 ASHFORD COURT
HEATHROW, FL. 32746

10. Name and Address of New Registered Agent

81 Name: LILLIAN CIAMBRIELLO
82 Street Address (P.O. Box Number is Not Acceptable): 65 B. S. US HWY 17-92
83
84 City: DE BARY FL 85 Zip Code: 32713

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: Lillian Ciambriello — LILLIAN CIAMBRIELLO — JAN 27, 1999
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P/D	J.B. COFIELD, JR [ ] DELETE	1.1 TITLE [ ] Change [ ] Addition
NAME / STREET ADDRESS	3138 HUNTINGTON RIDGE CIR.	1.2 NAME / 1.3 STREET ADDRESS
CITY-ST-ZIP	VALDOSTA, GA. 31602	1.4 CITY-ST-ZIP
TITLE VST/D	NANCY L. COFIELD [ ] DELETE	2.1 TITLE [ ] Change [ ] Addition
NAME / STREET ADDRESS	3138 HUNTINGTON RIDGE CIR	2.2 NAME / 2.3 STREET ADDRESS
CITY-ST-ZIP	VALDOSTA, GA. 31602	2.4 CITY-ST-ZIP
TITLE	[ ] DELETE	3.1 TITLE [ ] Change [ ] Addition
NAME / STREET ADDRESS		3.2 NAME / 3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	[ ] DELETE	4.1 TITLE [ ] Change [ ] Addition
NAME / STREET ADDRESS		4.2 NAME / 4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	[ ] DELETE	5.1 TITLE [ ] Change [ ] Addition
NAME / STREET ADDRESS		5.2 NAME / 5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	[ ] DELETE	6.1 TITLE [ ] Change [ ] Addition
NAME / STREET ADDRESS		6.2 NAME / 6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy L Cofield NANCY L. COFIELD 1-27-99 912 219-0045

CR2E034 (11/98)