

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

FILED
Jan 16 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 # P93000063061 (4)
 1. Corporation Name
OCALA AUTOMOTIVE & TRUCK REPAIR, INC.



Principal Place of Business: **331 NW 20TH ST, Ocala FL 34475, US**
 Mailing Address: **331 NW 20TH ST, Ocala FL 34475, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: **09/03/1993**
 4. FEI Number: **59-3202746**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
BURGETTE, CHRISTOPHER S
5751 NW 3RD PLACE
OCALA FL 34482

10. Name and Address of New Registered Agent (81-85)
 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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BURGETTE, CHRISTOPHER S.	
STREET ADDRESS	5751 NW 3RD PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BURGETTE, VICKY C.	
STREET ADDRESS	5751 NW 3RD PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURGETTE, CHRISTOPHER S.	
1.3 STREET ADDRESS	9750 N.W. 30th AV	
1.4 CITY-ST-ZIP	OCALA, FL 34475	
2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURGETTE, VICKY C.	
2.3 STREET ADDRESS	9750 N.W. 30th AV	
2.4 CITY-ST-ZIP	OCALA, FL 34475	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Christopher S. Burgette* VPS 1-5-98 252,732,500

CR2E034 (10/97)