

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION •		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Sandra B. Mortham	
1995		Secretary of State	
		DIVISION OF CORPORATIONS	
DOCUMENT # P94000006541			
1. Corporation Name			
T & M MOTORS INC.			
Principal Place of Business		Mailing Address	
1212 NORTH 14TH STREET		1212 NORTH 14TH STREET	
DADE CITY, FLORIDA 33525		DADE CITY, FLORIDA 33525	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 21240 LAKE PATIENCE		01/18/94	
Suite, Apt. #, etc.		3a. Date of Last Report	
22		08/15/95	
City & State		4. FEI Number	
23 LAND O' LAKES, FLORIDA		59-3220591	
Zip		5. Certificate of Status Desired	
24 34639		8.75 Additional Fee Required	
Country		6. Election Campaign Financing	
25		5.00 May Be Added to Fees	
26 34639		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
30		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HENRY R. DOWD		81 Name	
5141 EAGLE ISLAND DRIVE		82 Street Address (P.O. Box Number is Not Acceptable)	
LAND O', FLORIDA 34639		83	
		84 City	
		FL	
		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
DIRECTOR/PRESIDENT		SAME NAME & TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
HARRELL GORDON M JR.		21240 LAKE PATIENCE ROAD	
14904 PHILMORE RD TAMPA FL 33613		LAND O LAKES, FLA 34639	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____		08/07/96 (813) 996-2529	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
GORDON M HARRELL, PRESIDENT			