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Jan 14 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 # P94000010028 (6)

1. Corporation Name
MORRISON'S AUTOMOTIVE, INC.



Principal Place of Business: 11830 U.S. HIGHWAY 19 NORTH, PORT RICHEY FL 34688
Mailing Address: 11830 U.S. HIGHWAY 19 NORTH, PORT RICHEY FL 34688-1055

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report: 04/08/1996
4. FEI Number: 59-3222162
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS ST., TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: 81 Name: RALPH MORRISON, 82 Street Address: 11830 US Highway 19 N, 84 City: Port Richey, FL, 85 Zip Code: 34688

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ralph Morrison* (NOTE: Registered Agent signature required when reinstating) DATE: 1-6-97

Table 12: OFFICERS AND DIRECTORS. Includes entry for RALPH MORRISON, 18814 BONNIE DR, SPG HILL FL.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for 1.1 TITLE through 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: *Ralph Morrison* DATE: 1-6-97

CR2E034 (9/96)