FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000024574 (3)

1. Corporation Name
CARS AND TRUCKS TRANSMISSION & AUTOMOTIVE SERVICES, INC.

Principal Place of Business	Mailing Address
339 E 15TH ST PANAMA CITY FL 32402	339 E 15TH ST PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 1247 MULBERRY AVE	Suite, Apt. #, etc. 27 1247 MULBERRY AVE
City & State 23 PANAMA CITY, FL	City & State 28 PANAMA CITY, FL
Zip / Country 24 32401 / 25 BAY	Zip / Country 29 32401 / 30 BAY

4. FEI Number: 59-3234560 ☐ 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

9. Name and Address of Current Registered Agent

JONES, RICKY
339 E. 15TH ST.
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent

01 Name: JONES, RICKY
02 Street Address (P.O. Box Number is Not Acceptable): 1247 MULBERRY AVE.
03
04 City: PANAMA CITY FL 05 Zip Code: 32401

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH W. SOWELL, SR.	1.2 NAME	
STREET ADDRESS	8346 HWY 22	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	JONES, RICKY	2.2 NAME	JONES, RICKY
STREET ADDRESS	339 E. 15TH ST.	2.3 STREET ADDRESS	1247 MULBERRY AVE.
CITY-ST-ZIP	PANAMA CITY FL 32402	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, TONYA S.	3.2 NAME	
STREET ADDRESS	168 CONCORD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	700001800885?? ☐ Change ☐ Addition
NAME		4.2 NAME	-05/06/96--01030--049
STREET ADDRESS		4.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Tonya S. Jones 4/30/96 904-763-8975
SIGNATURE AFFIXED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #