

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000024574 (3)**

1. Corporation Name

CARS AND TRUCKS TRANSMISSION & AUTOMOTIVE SERVICES, INC.

Principal Place of Business

1247 MULBERRY AVE
PANAMA CITY FL 32401

Mailing Address

1247 MULBERRY AVE
PANAMA CITY FL 32401-2448

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

69-3234560

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Election Campaign Financing

\$5.00

May Be Added to Fees

7. 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
1247 MULBERRY AVE
PANAMA CITY FL 32401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, TONYA S 168 CONCORD CIRCLE PANAMA CITY FL 32405	<input checked="" type="checkbox"/> DELETE 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, RICKY 1247 MULBERRY AVE PANAMA CITY FL 32401	<input type="checkbox"/> DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOWELL, JOSEPH W SR 8348 HWY 22 PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Jones, Jerry R. <i>809 Forestdale Ave. Panama City, FL 32401</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 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:

Jones, R. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/97

904-747-1080

Daytime Phone #

CR2E034 (9/96)