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Mar 03 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 # P94000058144 (4)

1. Corporation Name
MAC'S TIRES & AUTO REPAIR, INC.

Principal Place of Business
7781 S FLORIDA AVE
FLORAL CITY FL 34436
US

Mailing Address
3507 S. APOPKA AVENUE
INVERNESS FL 34452-7009



3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 02/15/1996
4. FEI Number 59-3259710	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

BERGAN, JEAN A
3507 S. APOPKA AVENUE
INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name CUNNINGHAM, JEAN A.
82 Street Address (P.O. Box Number is Not Acceptable)
83 3507 S. APOPKA AVE.
84 City INVERNESS FL 85 Zip Code 34452

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 Jean A. Cunningham, JEAN A. CUNNINGHAM DATE 2-26-97
(NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS	
TITLE	PST <input checked="" type="checkbox"/> DELETE
NAME	BERGAN, JEAN A
STREET ADDRESS	3507 S. APOPKA AVENUE
CITY - ST - ZIP	INVERNESS FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	CUNNINGHAM, GEORGE
STREET ADDRESS	3507 S. APOPKA AVENUE
CITY - ST - ZIP	INVERNESS 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CUNNINGHAM, JEAN A.
1.3 STREET ADDRESS	3507 S. APOPKA AVE.
1.4 CITY - ST - ZIP	INVERNESS, FL. 34452
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

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: Jean A. Cunningham, President DATE 2-26-97 352-637-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)