

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 JUL 28 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001662 (2)

1. Corporation Name
THE AUTO SHOP, INC.

Principal Place of Business
520 N WASHINGTON AVE
TITUSVILLE FL 32796

Mailing Address
520 N WASHINGTON AVE
TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3289486	Applied For Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STRICKLAND, JAMES M
2145 SILVER STAR LANE
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name	Strickland, James M.		
82 Street Address (P.O. Box Number is Not Acceptable)	5600 Travis Street		
83			
84 City	Scottsmeer	FL	85 Zip Code 32775

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, JAMES M	1.2 NAME	
STREET ADDRESS	2145 SILVER STAR LANE	1.3 STREET ADDRESS	5600 Travis Street
CITY-ST-ZIP	TITUSVILLE FL 32796	1.4 CITY-ST-ZIP	Scottsmeer, FL 32775
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, JAMES M	2.2 NAME	
STREET ADDRESS	2145 SILVER STAR LANE	2.3 STREET ADDRESS	5600 Travis Street
CITY-ST-ZIP	TITUSVILLE FL 32796	2.4 CITY-ST-ZIP	Scottsmeer, FL 32775
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	600002260026--0
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/06/97--01113--023
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	*****165.00 *****165.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SC 7-28-97

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 _____

CR2E034 (4/97)

" THE AUTO SHOP "

COMPLETE MECHANICAL SERVICE

520 N. Washington Ave.
Titusville, Florida 32796

(407) 383-0693

July 21, 1997

To whom it may concern:

My office spoke with one of your employees by the name of Tammy. I am sending this letter along with the original renewal fee as she instructed my office do. The reason I did not file timely is because I did not receive the first notice. I would have happily paid it timely if I would have received it. If you could, please make sure this check is credited to my account. Thank you so much for your help on this matter.

Respectfully,



James Mark Strickland
President