

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # P95000002750 (4)

1. Corporation Name

ELK'S AUTO, INC.



Principal Place of Business

Mailing Address

4841 COUNTY RD 13
 JACKSONVILLE FL 32259

4841 COUNTY RD 13
 JACKSONVILLE FL 32259

3. Date Incorporated or Qualified
 01/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

10. Name and Address of New Registered Agent

TYLOR, DEBORAH W
 4841 COUNTY RD 13
 JACKSONVILLE FL 32259

81 Name

Deborah W. Taylor

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

3749 St. Johns Ave.

83

84

City Jacksonville

FL

85 Zip Code

32205

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TAYLOR, DEBORAH W
 4841 COUNTY RD 13
 JACKSONVILLE FL 32259

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP
 Taylor, Deborah W.
 3749 St. Johns Ave
 Jacksonville, FL 32205

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DELETE

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DELETE

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DELETE

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DELETE

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP
 100001906741
 -07/29/96--01017--018
 ***225.00

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DELETE

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

Change Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-96

904 346-8100

Date

Daytime Phone

CR2E034 (3/96)