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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000018672 (2) **DOCUMENT #**

AUTO SAVE OF BAY COUNTY, INC. Principal Place of Business Mailing Address 326 W 15TH ST 326 W 15TH ST PANAMA CITY FL 32401 PANAMA CITY FL 32401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3302719 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MASSEY, PHILLIP J 326 W 15TH ST Street Address (P.O. Box Number is Not Acceptable) 82 PANAMA CITY FL 32401 83 84 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 profied name of registered agent and title if applicable (NOTE Progistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE ___ Addition 1.1 TITLE MASSEY, J. PHILLIP NAME 1.2 NAME 1305 CLABRIA AVENUE STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY-ST-7IP TITLE DELETE 2.1 TITLE Change ___ Addition MASSEY, J M NAME 2.2 NAME 772 ROSEMONT DR STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SCOTT, MICHAEL NAME 3.2 NAME 703 KRISTANNA DR STREET ADDRESS 3.3 STREET ADDRESS Panama City Fl CITY-ST-ZIP 3 4. CITY - ST - 7IP DELETÉ Change Addition TITLE 4.1 TITLE MASSEY, ANNETTE NAME 4. 2 NAME 772 ROSEMONT DR STREET ADDRESS 4.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 THILE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DILETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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

6.4 CITY-ST-ZIP

CITY-ST-ZIP

M. MASSEN

FILED

Apr 14 1998 8:00am

Secretary of State