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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039626 (3)

JOHNSON'S AUTO TRANSPORT, INC.

Mailing Address Principal Place of Business 3768 PEACEFUL PLACE 3768 PEACEFUL PLACE ORLANDO FL 32810-2279 ORLANDO FL 32810 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1995 09/04/1996 Applied For 4. FEI Number 2. Principal Frace of Business 2a. Mailing Address 59-3309944 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032. Country Zip Zio Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Johnson, Keith 3768 PEACEFUL PLACE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal are typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ■ Addition DELETE 1.1 TITLE TUTLE Johnson, Keith 1.2 NAME NAME 3768 PEACEFUL PLACE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 1.4 CITY-ST-ZIP CHY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE JOHNSON, ANDREA 2.2 NAME SIAME 3768 PEACEFUL PLACE 2.3 STREET ADDRESS STREE LADDRESS ORLANDO FL 32810 2 4 CITY-ST-ZIP CHIY-ST-ZIF Addition DELETE ___ Change 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACCORESS 3.4. CITY+ST+ZIP CITY-SI-ZIM Change Addition DELETE 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-2IP CITY - ST-ZIP Addition DELETE Change 5.1 TITLE THRE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CUTY - ST - ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

Indrea Johnson 400/97

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 supplier ental 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 efficer 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

attachment with an address.

3 if changed, or on a