

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000059811 (6)

1. Corporation Name
BRIAN WOOTEN AUTO SALES, INC.

Principal Place of Business 1005 EAST HIGHWAY 17-92 HAINES CITY FL 33844	Mailing Address 1005 EAST HIGHWAY 17-92 HAINES CITY FL 33844
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3. Date Incorporated or Qualified 08/02/1995	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21 1001 17-92 West Suite, Apt. #, etc. 22 City & State 23 Haines City Fla. Zip 24 33844 County 25 Polk	2a. Mailing Address 26 1001 17-92 West Suite, Apt. #, etc. 27 City & State 28 Haines City Fla Zip 29 33844 County 30 Polk
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4. FEI Number 65-0599094	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WOOTEN, BRIAN T
1005 EAST HIGHWAY 17-92
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, BRIAN T	1.2 NAME	Wooten, Brian T.
STREET ADDRESS	1005 EAST HIGHWAY 17-92	1.3 STREET ADDRESS	1001 17-92 West
CITY-ST-ZIP	HAINES CITY FL 33844	1.4 CITY-ST-ZIP	Haines City, Fla. 33844
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, STEVEN J	2.2 NAME	Waters, Steven J.
STREET ADDRESS	1005 EAST HIGHWAY 17-92	2.3 STREET ADDRESS	1001 17-92 West
CITY-ST-ZIP	HAINES CITY FL 33844	2.4 CITY-ST-ZIP	Haines City FLA 33844
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	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	
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	

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: *Steven J. Waters* REQUIRED

4-11-97

941-421-6935

CR2E034 (9/96)