

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

FILED
May 19 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 # P96000013738 (5)
 1. Corporation Name
GANDY TRANSMISSIONS & AUTO, INC.



Principal Place of Business 10700 GANDY BLVD. ST. PETERSBURG FL 33702	Mailing Address 10700 GANDY BLVD. ST. PETERSBURG FL 33702-1426
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3. Date Incorporated or Qualified 02/09/1996	3a. Date of Last Report
4. FEI Number 59-3367864	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3128 - 9th St. n.	2a. Mailing Address 26 3128 - 9th St n.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip 24 33704	Country 25 USA
Country 29 USA	Zip 30 33704

9. Name and Address of Current Registered Agent
LAVIGNE, ANNETTE
10700 GANDY BLVD
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent
 81 Name **LaVigne, Annette**
 82 Street Address (P.O. Box Number is Not Acceptable)
7151 - 64th St. n.
 83
 84 City **Pinellas Park** **FL** 85 Zip Code **33781**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAVIGNE, MARK	
STREET ADDRESS	7151 64TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LaVigne, Annette	
1.3 STREET ADDRESS	7151 - 64th St. n.	
1.4 CITY-ST-ZIP	Pinellas Park, FL 33781	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Annette LaVigne* **4-29-97** (612) 822-1032

CR2E034 (9/96)