

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 29 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 # **P96000020386 (4)**

1. Corporation Name

CAR AND TRUCK MART, INC.



Principal Place of Business 104 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH FL 32169	Mailing Address 104 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH FL 32169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 S. Riverside Drive Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 770 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/04/1996		3a. Date of Last Report	
City & State 23 New Smyrna Beach, FL		City & State 28 New Smyrna Beach, FL		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 24 32168		Country 25 USA		Zip 29 32170		Country 30 USA	
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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

**WALSH, JD
432 SOUTH BEACH STREET
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, DENNIS D	1.2 NAME	
STREET ADDRESS	104 SOUTH RIVERSIDE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY-ST-ZIP	change zip code to 32168
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, LARRY	2.2 NAME	
STREET ADDRESS	104 SOUTH RIVERSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY-ST-ZIP	change zip code to 32168
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, TRUDY H	3.2 NAME	
STREET ADDRESS	104 SOUTH RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	3.4 CITY-ST-ZIP	change zip code to 32168
TITLE		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		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		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 **Dennis D. Higginbotham** 7-28-97 (904) 427-1444

CP2E034 (4/97)