

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000041807 (4)**
1. Corporation Name
DEBRA KEESEE GRAVES AUTOMOTIVE CONSULTING, INC.



Principal Place of Business 18 NO OAK STREET LAKE PLACID FL 33852	Mailing Address P.O. BOX 1649 LAKE PALCID FL 33862 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0679657		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent RHOADES, CLIFFORD R 227 NO RIDGEWOOD DRIVE SEBRING FL 33870				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 FL

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	NAME	1.1 TITLE	1.2 NAME
D. Pres.	GRAVES, DEBRA K		
POST OFFICE BOX 1609	LAKE PLACID FL 33862	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
LAKE PLACID FL 33862	LAKE PLACID FL 33862	2.1 TITLE	2.2 NAME
LAKE PLACID FL 33862	LAKE PLACID FL 33862	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
LAKE PLACID FL 33862	LAKE PLACID FL 33862	3.1 TITLE	3.2 NAME
LAKE PLACID FL 33862	LAKE PLACID FL 33862	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
LAKE PLACID FL 33862	LAKE PLACID FL 33862	4.1 TITLE	4.2 NAME
LAKE PLACID FL 33862	LAKE PLACID FL 33862	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
LAKE PLACID FL 33862	LAKE PLACID FL 33862	5.1 TITLE	5.2 NAME
LAKE PLACID FL 33862	LAKE PLACID FL 33862	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
LAKE PLACID FL 33862	LAKE PLACID FL 33862	6.1 TITLE	6.2 NAME
LAKE PLACID FL 33862	LAKE PLACID FL 33862	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I 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:

Debra K. Graves

4/28/98 941-699-5200

CR2E034 (10/97)