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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000042198 (7)

1. Corporation Name  
AUTOSOUTH, INC.



Principal Place of Business  
309B NO US 1  
ORMOND BEACH FL 32174

Mailing Address  
POST OFFICE BOX 971  
ORMOND BEACH FL 32175-0971  
DA

2. Principal Place of Business

21 | Suite, Apt. #, etc.

22 | City & State

23 | Zip | Country

24 | | 25 |

2a. Mailing Address

26 | P | Suite, Apt. #, etc.

27 | City & State

28 | Zip | Country

29 | | 30 |

3. Date Incorporated or Qualified 05/12/1996  
3a. Date of Last Report  
4. FEI Number 59-3376313  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

DAVIES, BRENDA L  
309B NO US 1  
ORMOND BEACH FL 32174

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 12 rows for Officers and Directors. Columns include Title, Name, Street Address, City, State, Zip. Includes 'DELETE' checkboxes.

Table with 4 rows for Additions/Changes to Officers and Directors. Columns include Title, Name, Street Address, City, State, Zip. Includes 'Change' and 'Addition' checkboxes.

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 contained 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 this 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 from an attachment with \_\_\_\_\_ address.

SIGNATURE: Brenda L. Davies / Brenda L. Davies 1-25-97 (904)672-0606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)