

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P96000060710 (6)
 1. Corporation Name
GUNNER'S AUTO SALES, INC.



Principal Place of Business 1145 EAST ROSE ST LAKELAND FL 33801 US	Mailing Address 1145 EAST ROSE ST LAKELAND FL 33801 US
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3392955	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent GUNNER, DAVID M 1145 ROSE STREET EAST LAKELAND FL 33801				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRES. TREASURER (C.P.) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNNER, DAVID M	1.2 NAME	DAVID M. GUNNER
STREET ADDRESS	303 SUMMERFIELD DRIVE	1.3 STREET ADDRESS	2735 Buckingham Ave
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	LAKELAND, FL. 33803
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT (VP) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNNER, KARIN M	2.2 NAME	GEORGE W. GUNNER
STREET ADDRESS	303 SUMMERFIELD DRIVE	2.3 STREET ADDRESS	2735 Buckingham Ave
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP	LAKELAND, FL. 33803
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARZNAU, ERNA	3.2 NAME	
STREET ADDRESS	816 ARIETTA CIRCLE W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBERDALE FL 33823	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 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 _____ **David M. Gunner 2-5-98 741-183 01-90**

PR2E034 (10/97)