

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S10842 (0)

1. Corporation Name

NATIONWIDE TRANSMISSION INC.



Principal Place of Business

Mailing Address

% NATIONWIDE AUTO CARE CENTERS
1828 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

% NATIONWIDE AUTO CARE CENTERS
1828 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified 11/05/1990	3a. Date of Last Report 06/15/1995
4. FEI Number 59-3036949	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYINGTON, NANCY
3816 COTTINGHAM DR.
TALLAHASSEE FL 32303

81 Name NANCY BYINGTON	82 Street Address (P.O. Box Number is Not Acceptable) 515 MOSS VIEW WAY	83 City TL	84 State FL	85 Zip Code 32312
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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 STREET ADDRESS CITY - ST - ZIP	P BYINGTON, ALLEN 3816 COTTINGHAM DR. TALLAHASSEE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P ALLEN BYINGTON 515 MOSS VIEW WAY TL FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BYINGTON, NANCY 3816 COTTINGHAM DR. TALLAHASSEE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	NANCY BYINGTON 515 MOSS VIEW WAY TL FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	400001929974 -08/22/96--01015--033 ***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN BYINGTON Pres. 6-7-96

904-546-6469

CR2E034 (3/96)