

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

APPROVED  
AND  
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97 OCT 27 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorg Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S22728

(7)

1. Corporation Name

BING TAYLOR AUTOMOTIVE INC.



Principal Place of Business 830 N. WABASH AVE. LAKELAND FL 33801	Mailing Address 830 N. WABASH AVE. LAKELAND FL 33815-1164
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1991		3a. Date of Last Report 03/22/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3041473		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TAYLOR, BING 830 N. WABASH AVE. 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			

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 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, BING			1.2 NAME			
STREET ADDRESS	4412 SUMMER OAK DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL			2.2 NAME	JEANNE TAYLOR		
STREET ADDRESS	4412 SUMMER OAK DR.			2.3 STREET ADDRESS	4212 SUMMER OAK DR.		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	TAMPA, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIDNEY, LISA			3.2 NAME			
STREET ADDRESS	3716 PATINA DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Michael R. Taylor			4.2 NAME	Michael TAYLOR		
STREET ADDRESS	4412 Summer Oak Dr.			4.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33624			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input checked="" 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 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: *Lisa J. Kidney* 10/27/97 946-183-9891

CR2E034 (9/96)