

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

FILED
Apr 29 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 # V45866
 1. Corporation Name
T&G Auto Sales, Inc.
1133 N. Woodland Blvd.
DeLand FL 32724

Principal Place of Business Mailing Address
1133 N. Woodland Blvd.
DeLand FL 32724

2. Principal Place of Business 2a. Mailing Address
21 1133 N. Woodland Blvd **26 Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 DeLand FL **27**
 City & State City & State
23 DeLand FL **28**
 City & State City & State
24 32724 **25** **29** **30**
 Zip Country Zip Country

3. Date Incorporated or Qualified **6/17/92** 3a. Date of Last Report **5/96**
 4. FEI Number **59-3130478** 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
Molle, Nanacy L.
1915 Calle Alto Vista
DeLand FL 32724

10. Name and Address of New Registered Agent
81 Name Anthony Molle
82 Street Address (P.O. Box Number is Not Acceptable) 1915 Calle Alto Vista
83
84 City DeLand FL 85 Zip Code 32724

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: *Anthony Molle* (NOTE Registered Agent signature required when reinstating) DATE: **4-21-97**

12. OFFICERS AND DIRECTORS

TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Nancy Molle
STREET ADDRESS	1915 Calle Alto Vista
CITY-ST-ZIP	DeLand FL 32724
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	Anthony Molle
STREET ADDRESS	1915 Calle Alto Vista
CITY-ST-ZIP	DeLand FL 32724
TITLE	Treasurer/Secretary <input type="checkbox"/> DELETE
NAME	Gary J. Hathaway
STREET ADDRESS	100 E. Kentucky E-105
CITY-ST-ZIP	DeLand FL 32724
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

800002162178
-05/01/97--01082--023
*****165.00**

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 included 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 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: *Anthony Molle* **4-21-97** **904-738-0821**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)