


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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V54951** (1)
1. Corporation Name
PENSACOLA AUTO TRANSPORT, INC.



Principal Place of Business 525 MICHIGAN AVE PENSACOLA FL 32505 US	Mailing Address 525 MICHIGAN AVE PENSACOLA FL 32505 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2685 W. NINE MILE RD. Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. BOX 37216 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 08/04/1992	
23 PENSACOLA, FL City & State		28 PENSACOLA, FL City & State		4. FEI Number 59-3165124 Applied For Not Applicable	
24 32534 Zip		25 ESCAMBIA Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32526 Zip		30 ESCAMBIA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent LEUCHTMAN, GARY B 3 W GARDEN ST 700 BLOUNT BUILDING PENSACOLA FL 32501				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 New Registered Agent LEUCHTMAN, GARY B 3 W GARDEN ST 700 BLOUNT BUILDING PENSACOLA FL 32501				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

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	VP HEDGES, G. G 525 MICHIGAN AVENUE PENSACOLA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2685 W. NINE MILE RD PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDGES, JOANN 525 MICHIGAN AVE PENSACOLA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2685 W. NINE MILE RD, PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEDGES, GEORGE J J 525 MICHIGAN AVE PENSACOLA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2685 W. NINE MILE RD PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, MECHELLE 525 MICHIGAN AVE PENSACOLA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2685 W. NINE MILE RD. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]

2-2598

850-474-8850

CR2E034 (10/97)