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95 APR 20 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855913 (0)

1. Corporation Name
BEARINGS & DRIVES, INC.

Principal Place of Business: **607 LOWER POPLAR ST. MACON GA 31201**

Mailing Address: **PO BOX 4325 MACON GA 31208 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/25/1983**

3a. Date of Last Report: **04/25/1994**

4. FEI Number: **58-0536016**

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 ability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. Same

22. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

26. Same

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**STEELE, THOMAS EARL
2540 N.W. 74TH PLACE
GAINESVILLE FL 32606**

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: _____ DATE: _____

Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	NATIONS, JOHN D.
STREET ADDRESS	4416 OLD CLUB RD.
CITY ST ZIP	MACON GA
TITLE	VD
NAME	BAXTER, EDGAR F., SR.
STREET ADDRESS	4403 E. KINGS POINT CIR.
CITY ST ZIP	DUNWOODY GA
TITLE	VD
NAME	CHAPMAN, WILLIAM L.
STREET ADDRESS	3014 WENDOVER RD.
CITY ST ZIP	VALDOSTA GA
TITLE	VD
NAME	DAVIS, CLIFFORD R.
STREET ADDRESS	1548 RIDGEWOOD DR.
CITY ST ZIP	LILBURN GA
TITLE	P
NAME	NATIONS, ANDREW H
STREET ADDRESS	607 LOWER POPLAR STREET
CITY ST ZIP	MACON, GA 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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 607, Florida Statutes, and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrew H. Nations* Andrew H. Nations 4/17/95 912-246-7627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title System Phone #

Pres: bmf