2008 FOR PROFIT CORPORATION

Mar 31, 2008 08:00 A **ANNUAL REPORT Secretary of State DOCUMENT #855913** BEARINGS & DRIVES, INC. Mailing Address Principal Place of Business 607 LOWER POPLAR ST. PO BOX 4325 MACON, GA 31201 MACON, GA 31208 US No Chg-P CR2E034 (11/05) 03182008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-0536016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DYALS, BRIAN BR MGR DO NOT WRITE 401 SW 33RD AVE OCALA, FL 34474 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NATIONS, MICHAEL T NAME STREET ADDRESS 607 LOWER POPLAR ST MACON, GA 31201 CITY-ST-ZIP TITLE VP U00000873720° SHARP, HAROLD NAME STREET ADDRESS 607 LOWER POPLAR STREET CITY-ST-ZIP MACON, GA 31201 PRES TITLE NATIONS, ANDREW H PRES NAME STREET ADDRESS **607 LOWER POPLAR STREET** DO NOT WRITE CITY-ST-ZIP MACON, GA 31201 ٧Þ TITLE IN THIS SPACE GAINEY, HOWARD NAME STREET ADDRESS 607 LOWER POPLAR ST CITY-ST-7IP MACON, GA VΡ TITLE NAME MILLER, LINDA S STREET ADDRESS 607 LOWER POPLAR ST CITY-ST- AP MACON, GA 31201 TITLE GAINEY, HOWARD

FILED

Daytime Phone #

with all other like empowered

12. I hereby certify that the information symplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the leceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

STREET ADDRESS

changed, or on an

SIGNATURE:

CITY-ST-ZIP

607 LOWER POPLAR ST.

MACON, GA 31201