

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855913

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: BEARINGS & DRIVES, INC.

**Current Principal Place of Business:**

607 LOWER POPLAR ST.  
MACON, GA 31201

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4325  
MACON, GA 31208 US

**New Mailing Address:**

FEI Number: 58-0536016      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DYALS, BRIAN BR MGR  
401 SW 33RD AVE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: NATIONS, MICHAEL T  
Address: 607 LOWER POPLAR ST  
City-St-Zip: MACON, GA 31201

Title: VP ( ) Delete  
Name: SHARP, HAROLD  
Address: 607 LOWER POPLAR STREET  
City-St-Zip: MACON, GA 31201

Title: PRES ( ) Delete  
Name: NATIONS, ANDREW H PRES  
Address: 607 LOWER POPLAR STREET  
City-St-Zip: MACON, GA 31201

Title: VP ( ) Delete  
Name: GAINEY, HOWARD  
Address: 607 LOWER POPLAR ST  
City-St-Zip: MACON, GA

Title: VP ( ) Delete  
Name: MILLER, LINDA S  
Address: 607 LOWER POPLAR ST  
City-St-Zip: MACON, GA 31201

Title: VP ( ) Delete  
Name: GAINEY, HOWARD  
Address: 607 LOWER POPLAR ST.  
City-St-Zip: MACON, GA 31201

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW NATIONS

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date