

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>855913</u> 1. Corporation Name BEARINGS & DRIVES, INC.			
Principal Place of Business 607 LOWER POPLAR ST. MACON, GEORGIA 31201		Mailing Address P.O. BOX 4325 MACON, GA 31208	
2. Principal Place of Business 21] SAME		2a. Mailing Address 26] SAME	
Suite, Apt. #, etc. 22]		Suite, Apt. #, etc. 27]	
City & State 23]		City & State 28]	
Zip 24]		Zip 29]	
Country 25]		Country 30]	
3. Date Incorporated or Qualified 03/25/83		3a. Date of Last Report 04/25/95	
4. FEI Number 58-0536016		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 reinstating)	
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP CD NATIONS, JOHN D. 4416 OLD CLUB RD. MACON, GA <input type="checkbox"/> DELETE VD BAXTER, EDGAR F., SR. 4403E. KINGS POINT CIR. DUNWOODY, GA <input type="checkbox"/> DELETE VD CHAPMAN, WILLIAM L. 3014 WEINDOVER RD. VALDOSTA, GA <input type="checkbox"/> DELETE VD DAVIS, CLIFFORD R. 1548 RIDGEWOOD DR. LILBURN, GA <input type="checkbox"/> DELETE NATIONS, ANDREW H. 607 LOWER POPLAR STREET MACON, GA <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE		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 <input 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	
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 119.07(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: <u>Andrew H. Nations</u>		DATE: <u>3/15/96</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>912-746-7623</u>	

CR2E034 (1/2/95)

SG 3-20-96