

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified: **03/25/1983**  
3a. Date of Last Report: **04/20/1995**  
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 liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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  
**FL**

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 signing officer or director

Date

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	NATIONS, JOHN D.	1.2 NAME	VP
STREET ADDRESS	4416 OLD CLUB RD.	1.3 STREET ADDRESS	Nicholson, Charles R.
CITY - ST - ZIP	MACON GA	1.4 CITY - ST - ZIP	607 Lower Poplar St. Macon, Ga. 31208
TITLE	VD	2.1 TITLE	
NAME	BAXTER, EDGAR F., SR.	2.2 NAME	Sec./Treas
STREET ADDRESS	4403 E. KINGS POINT CIR.	2.3 STREET ADDRESS	Nations, Michael T.
CITY - ST - ZIP	DUNWOODY GA	2.4 CITY - ST - ZIP	607 Lower Poplar St. Macon, Ga. 31208
TITLE	VD	3.1 TITLE	
NAME	CHAPMAN, WILLIAM L.	3.2 NAME	
STREET ADDRESS	3014 WENDOVER RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VALDOSTA GA	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	DAVIS, CLIFFORD R.	4.2 NAME	
STREET ADDRESS	1548 RIDGEWOOD DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LULBURN GA	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	
NAME	NATIONS, ANDREW H	5.2 NAME	
STREET ADDRESS	607 LOWER POPLAR STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MACON, GA 00000	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Andrew H. Nations* Andrew H. Nations 6/3/96 912-746 7622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)