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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 31208-4325 US

3. Date Incorporated or Qualified: 03/25/1983  
3a. Date of Last Report: 03/20/1996  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

STEELE, THOMAS EARL  
2540 N.W. 74TH PLACE  
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent  
81 Name: Gaaney, Howard William  
82 Street Address: 401 SW 33rd Ave.  
83  
84 City: Ocala FL 85 Zip Code: 34474

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: Howard William Gaaney / Howard William Gaaney DATE: 3/15/97

12. OFFICERS AND DIRECTORS  
ST NATIONS, MICHAEL T  
607 LOWER POPLAR ST  
MACON GA  
VD AXTER, EDGAR F., SR.  
4403 E. KINGS POINT CIR.  
CUNWOODY GA  
VD CHAPMAN, WILLIAM L.  
3014 WENDOVER RD.  
VALDOSTA GA  
ST NATIONS, ANDREW H  
607 LOWER POPLAR STREET  
MACON, GA 00000  
VP NICHOLSON, CHARLES R  
607 LOWER POPLAR ST  
MACON GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/15/97 912-746-7623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)