

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000001212 (4)
 1. Corporation Name
50/50 MOTORS OF OCALA, INC.

Principal Place of Business 5050 S PINE AVE OCALA FL 34480	Mailing Address 5050 S PINE AVE OCALA FL 34480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified 01/02/1997		
4. FEI Number 59-3426553	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BENJAMIN, MARY L
 6530 SE 135 STREET
 SUMMERFIELD FL 34491**

10. Name and Address of New Registered Agent

81 Name **Calvin George Benjamin**
 82 Street Address (P.O. Box Number is Not Acceptable)
6530 SE 135 ST
 83 **Summerfield**
 84 City **FL** 85 Zip Code **34491**

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 **X** **4-14-98** DATE

12. OFFICERS AND DIRECTORS

TITLE	P/T D/C	<input checked="" type="checkbox"/> DELETE
NAME	MARY L. Benjamin	
STREET ADDRESS	6530 SE 135 St	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	S/V	<input checked="" type="checkbox"/> DELETE
NAME	LORI GARRATT SULLOWAY	
STREET ADDRESS	3283 SW 167 AVE	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CALVIN GEORGE Benjamin	
1.3 STREET ADDRESS	6530 SE 135th St	
1.4 CITY-ST-ZIP	Summerfield FL 34491	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LORI GARRATT SULLOWAY	
2.3 STREET ADDRESS	3283 SW 167 AVE	
2.4 CITY-ST-ZIP	Ocala FL 34481	
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 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: **X** *Calvin George Benjamin*

CR2E034 (10/97)