

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S37670 (4)**  
 1. Corporation Name  
**EAGLE CAR & TRUCK SALES, INC.**



Principal Place of Business <b>2435 E. 15TH ST. PANAMA CITY FL 32405-5408</b>	Mailing Address <b>PO BOX 28080 PANAMA CITY FL 32411 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/13/1991</b>		4. FEI Number <b>59-3054742</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PITTS, HARVEY ALLEN JR. 2435 E. 15TH ST. PANAMA CITY FL 32405-5408</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4325 Leisure Lakes Dr.</b>			
				83			
				84 City <b>Chipley</b>		85 Zip Code <b>FL 32428</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, HARVEY ALLEN JR.</b>	1.2 NAME	
STREET ADDRESS	<b>2435 E. 15TH ST.</b>	1.3 STREET ADDRESS	<b>4325 Leisure Lakes Dr.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32405-5408</b>	1.4 CITY-ST-ZIP	<b>Chipley, FL. 32428</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, STEPHEN C</b>	2.2 NAME	
STREET ADDRESS	<b>2435 E. 15TH ST.</b>	2.3 STREET ADDRESS	<b>135 Oleander Circle</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32405-5408</b>	2.4 CITY-ST-ZIP	<b>Panama City Beach, FL. 32413</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, HARVEY A SR.</b>	3.2 NAME	
STREET ADDRESS	<b>389 WAHOO RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, SUE</b>	4.2 NAME	
STREET ADDRESS	<b>389 WAHOO RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sue Pitts* **Sue Pitts** **4-29-98 850-763-3378**

CP2E034 (10/97)