

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90027 035 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1998-1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 837670 ✓

1. Corporation Name
 Eagle Car & Truck Sales, Inc.

549017-90027-35

Principal Place of Business: 2435 E. 15th St. Panama City, Fl 32405
 Mailing Address: P.O. Box 28060 Panama City, Fl 32411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/19/91
 4. FEI Number: 59-3054742
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26 P.O. Box 27878
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 City & State: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Harvey A. Pitts, JR
 82 Street Address (P.O. Box Number is Not Acceptable): 389 Wahoo Road
 83 City: Panama City, Fl 32411
 84 City: FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	President/Treasurer	<input type="checkbox"/> DELETE
NAME	Harvey A. Pitts, Jr.	
STREET ADDRESS	4325 Leisure Lakes Dr	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	Vice President/Secretary	<input type="checkbox"/> DELETE
NAME	Stephen Craig Pitts	
STREET ADDRESS	135 Oleander Cr.	
CITY-ST-ZIP	Panama City, Fl 32413	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Harvey A. Pitts, Sr.	
STREET ADDRESS	389 Wahoo Rd	
CITY-ST-ZIP	Panama City, Fl 32411	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Sue Pitts	
STREET ADDRESS	389 Wahoo Road	
CITY-ST-ZIP	Panama City, Fl 32411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	389 Wahoo Road
1.4 CITY-ST-ZIP	Panama City, Fl 32411
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 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* **REQUIRED** 4-28-99 850-743-3378

CR2E034 (10/97)