

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

FILED

Jan 16 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 # V39926 (3)

1. Corporation Name:
A-1 AUTO SERVICE INC.



Principal Place of Business: 1845 W. JEFFERSON ST. QUINCY FL 32351
Mailing Address: P.O. BOX 641 QUINCY FL 32353-0641

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business: 21 R+4 Box 1226, 22 Quincy Florida, 23 32351
2a. Mailing Address: 26 Same, 27 Same, 28 Quincy Florida, 29 32351, 30 GADSDEN
4. FEI Number: 59-3127689
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: SENFT, D KIRT, 1845 WEST JEFFERSON ST., QUINCY FL 32351
10. Name and Address of New Registered Agent: 81 Name: Same, 82 Street Address: R+4 Box 1226, 83 Hwy. 90 West, 84 City: Quincy, FL, 85 Zip Code: 32351

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SENFT, D KIRT	1.1 TITLE: Same	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 1845 W JEFFERSON ST	CITY-ST-ZIP: QUINCY FL 32353	12 NAME: Same	
TITLE: VP	NAME: SENFT, KATHY LEE	13 STREET ADDRESS: R+4 Box 1226	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 1845 W JEFFERSON ST	CITY-ST-ZIP: QUINCY FL	14 CITY-ST-ZIP: Quincy FL 32351	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE: [] DELETE	NAME: [] DELETE	2.1 TITLE: Same	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	2.2 NAME: Same	
TITLE: [] DELETE	NAME: [] DELETE	2.3 STREET ADDRESS: R+4 Box 1226	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	2.4 CITY-ST-ZIP: Quincy FL 32351	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
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STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	4.4 CITY-ST-ZIP: [] DELETE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE: [] DELETE	NAME: [] DELETE	5.1 TITLE: [] DELETE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	5.2 NAME: [] DELETE	
TITLE: [] DELETE	NAME: [] DELETE	5.3 STREET ADDRESS: [] DELETE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	5.4 CITY-ST-ZIP: [] DELETE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE: [] DELETE	NAME: [] DELETE	6.1 TITLE: [] DELETE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	6.2 NAME: [] DELETE	
TITLE: [] DELETE	NAME: [] DELETE	6.3 STREET ADDRESS: [] DELETE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [] DELETE	CITY-ST-ZIP: [] DELETE	6.4 CITY-ST-ZIP: [] DELETE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>

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: *Kathy Lee Senft* 1-7-97 904/627-9819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)