

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 266376 (3)

1. Corporation Name

HARRISON AUTO PARTS, INC.



Principal Place of Business

1664 VINTAGE RIDGE CT.  
TALLAHASSEE FL 32312

Mailing Address

1664 VINTAGE RIDGE CT.  
TALLAHASSEE FL 32312

2. Principal Place of Business

2a. Mailing Address

21 1419 Denholm Dr.  
22 Suite, Apt. #, etc.

26 1419 DENHOLM DR  
27 Suite, Apt. #, etc.

23 Tallahassee, Fla.  
24 Zip 32312 25 State Fla.

27 Tallahassee Fla.  
28 Zip 32312 29 State Fla.

9. Name and Address of Current Registered Agent

HARRISON, JAMES M.  
1664 VINTAGE RIDGE CT.  
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

01/21/1963

3a. Date of Last Report

02/23/1995

4. FEI Number

59-1001788

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

James M. Harrison  
1419 Denholm Dr.  
Tallahassee

FL

85 Zip Code

32312

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 provisions of Section 607.0506, Florida Statutes.

SIGNATURE

James M. Harrison

(If not, the person signing must be a director or officer of the corporation.)

(Date)

12. OFFICERS AND DIRECTORS

| 12. | OFFICERS AND DIRECTORS                                           |                                 |
|-----|------------------------------------------------------------------|---------------------------------|
| 1   | D PREIL, JEAN H.<br>211 CAMELLIA ST<br>QUINCY FL                 | <input type="checkbox"/> DELETE |
| 2   | D FLEMING, JAN H.<br>508 W. BREVARD ST.<br>TALLAHASSEE FL        | <input type="checkbox"/> DELETE |
| 3   | D HARRISON, G.H. III<br>508 W. BREVARD ST.<br>TALLAHASSEE FL     | <input type="checkbox"/> DELETE |
| 4   | P HARRISON, JAMES M.<br>1664 VINTAGE RIDGE CT.<br>TALLAHASSEE FL | <input type="checkbox"/> DELETE |
| 5   |                                                                  | <input type="checkbox"/> DELETE |
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-----|---------------------------------------------------|-------------------------------------------------------------------|
| 1   | 1.1 TITLE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2   | 1.2 NAME                                          |                                                                   |
| 3   | 1.3 STREET ADDRESS                                |                                                                   |
| 4   | 1.4 CITY - ST - ZIP                               |                                                                   |
| 5   | 2.1 TITLE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6   | 2.2 NAME                                          |                                                                   |
| 7   | 2.3 STREET ADDRESS                                |                                                                   |
| 8   | 2.4 CITY - ST - ZIP                               |                                                                   |
| 9   | 3.1 TITLE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10  | 3.2 NAME                                          |                                                                   |
| 11  | 3.3 STREET ADDRESS                                |                                                                   |
| 12  | 3.4 CITY - ST - ZIP                               |                                                                   |
| 13  | 4.1 TITLE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14  | 4.2 NAME                                          |                                                                   |
| 15  | 4.3 STREET ADDRESS                                |                                                                   |
| 16  | 4.4 CITY - ST - ZIP                               |                                                                   |
| 17  | 5.1 TITLE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18  | 5.2 NAME                                          |                                                                   |
| 19  | 5.3 STREET ADDRESS                                |                                                                   |
| 20  | 5.4 CITY - ST - ZIP                               |                                                                   |
| 21  | 6.1 TITLE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22  | 6.2 NAME                                          |                                                                   |
| 23  | 6.3 STREET ADDRESS                                |                                                                   |
| 24  | 6.4 CITY - ST - ZIP                               |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

DATE OF SIGNATURE

CR2E034 (12/95)