

1-21-98 B-0435 -C

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

FILED

Jan 21 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 # 512229 (6)

1. Corporation Name

GLUECK'S AUTO PARTS, INC.

Principal Place of Business

4801 PREYMORE STREET
OSPREY FL 34229-5832

Mailing Address

4801 PREYMORE STREET
OSPREY FL 34229-5832

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1976

4. FEI Number

59-1770322

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GLUECK, ALBERT JR.
3610 TORREY PINES WAY
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETENAME GLUECK, ALBERT JR.
STREET ADDRESS 3610 TORREY PINES WAY
CITY-ST-ZIP SARASOTA FLTITLE ST ☐ DELETENAME GLUECK, HELEN D.
STREET ADDRESS 3610 TORREY PINES WAY
CITY-ST-ZIP SARASOTA FLTITLE V ☐ DELETENAME JEFFERSON, ROBERT E.
STREET ADDRESS 810 BENEVA ROAD
CITY-ST-ZIP SARASOTA FLTITLE V ☐ DELETENAME GLUECK, ALBERT III
STREET ADDRESS 3610 TORREY PINES WAY
CITY-ST-ZIP SARASOTA FLTITLE S ☐ DELETENAME STONE, ANGELA G.
STREET ADDRESS 331 PATTERSON AVE
CITY-ST-ZIP OPPREY FLTITLE S ☐ DELETENAME KAUFMAN, BRANDY G.
STREET ADDRESS 4947 OLDHAM ST
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE GLUECK 5 JAN 98 (941) 966-5555

Date

Daytime Phone #

0461218

CR2E034 (10/97)