FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** F14672 Corporation Name PERSONS AUTO PARTS, INC. Principal Place of Business Mailing Address C/O JAMES W. DIETRICH C/O JAMES W. DIETRICH 1320 KENTUCKY AVE 1320 KENTUCKY AVE ST CLOUD FL 34769 ST CLOUD FL 34769 3. Date Incorporated or Qualified 3a. Date of Last Report 01/13/1981 03/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2049137 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Stabites Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIETRICH, JAMES W. 82 Street Address (P.O. Box Number is Not Acceptable) 4725 RUMMELL RD. ST CLOUD FL 34771 83 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tine if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE 1 1 THILE Change Addition DIETRICH, JAMES W 1.2 NAME 4725 RUMMELL RD. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP ST CLOUD, FL 00000 1.4 CITY - ST-ZIP DELETE 2 1 TITLE Change ☐ Addition DIETRICH, LINDA G. 2.2 NAME 4725 RUMMELL RD. STREET ADDRESS 2.3 STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE 3. 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE 4. 1 TITLE Change Addition 4.2 NAME STREET ADDRESS **43 STREET ADDRESS** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5. 1 TITLE Change ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6. 1 TITLE ☐ Change Addition 6.2 NAME

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: (

21

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23

24

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DETRICH 5.8.96 402.892.6050