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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14672

(2)

PERSONS AUTO PARTS, INC.

FILED Mar 11 1997 8:00am Secretary of State



C/O JAMES W. DIETRICH 1320 KENTUCKY AVE ST CLOUD FL 34769 2. Principal Place of Business		C/O JAMES W. DIETRICH 1320 KENTUCKY AVE ST CLOUD FL 34769-4340					3. Date Incorporated or Qualified 01/13/1981 4. FEI Number		e of Last 4/1996	Report	
21	inder of Eigenreas	26	g Address				59-2049137			Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		
City & Stat	е	City & 28	State				Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Zip 24	Country 25	Zip 29		30 Coun	try			Yes [] No	s. 199.032,	
	9. Name and Address of Curre	nt Registered A	Agent				10, Name and Address of New Re	Jistered A	gent		
DIETRICH, JAMES W. 4725 RUMMELL RD.					31 32	Name Street Addr	ress (P.O. Box Number is Not Acceptab	le)			
STO	CLOUD FL 34771			l.	33						
				"	33						
				1	84	City		FL	85 Zij	o Code	
11. Pursuant office or r agent. Fa	•						poration submits this statement for the p tion's board of directors. I hereby accep	urpose of tithe appo	changing intment a	its registered is registered	
12.	Signature typic or printed halps or registered ag	per Land title If applicat		IE: Registered .	Age	nt signature requir	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIDECTO	100 IN 12	
Tille	PT	AD DIRECTORS	DELETE	1.1 TITL			ADDITIONS/OFFANGES TO OFFIC	LIIO AITO	Change		
NAME STREET ADDRESS CITY-ST-ZIP	DIETRICH, JAMES W 4725 RUMMELL RD. ST CLOUD, FL 00000			1.2 NAA 1.3 STR 1.4 CIT	AE Eet (-si	ADORESS T 21P					
NAME STREET ADDRESS CITY-S1-7IP	S Dietrich, Linda G. 4725 Rummell Rd. St. Cloud Fl		☐ DELETE	2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	NE EET	ADDRESS St-zip			Change	Addition	
NAME STREET ADDRESS			☐ DELETE	3 1 THTL 3 2 NAM 3 3 STR 3 4. CH	AE Eet	ADDRESS			Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ DELETE	4.1 TITL 4. 2 NA 4.3 STR	.E Me Eet	ADDRESS			Change	Addition	
CITY-ST-ZIF TITLE NAME STREET ADDRESS			☐ DELETE		LE ME EET	ADDRESS		······································	Change	e Addition	
CITY-ST-ZIP TITLE NAME STHEET ADDRESS			DELETE		E ME EET	ADORESS		·	Change	e Addition	
CITY-ST-ZIP				6.4 CIT	Y-5	1 - 214					

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:

