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 # **F55386** **(9)**

1. Corporation Name

103RD STREET AUTO PARTS, INC.

Principal Place of Business	Mailing Address
10880 103RD STREET JACKSONVILLE FL 32210	P OBOX 1804 ORANGE APRK FL 32067 US

3. Date Incorporated or Qualified: **11/13/1981**
3a. Date of Last Report: **08/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 P.O. Box 1804
Suite, Apt. #, etc.
27
City & State
28 Orange Park, FL
Zip
29 32067
Country
30

4. FEI Number: **59-2141856** ☐ 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

9. Name and Address of Current Registered Agent

CARROLL (BRYANT S.) JR.
1124 S. EDGEWOOD AVE.
JACKSONVILLE FL 32205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RATZLAFF, JUDITH L.		1.2 NAME		
STREET ADDRESS	3211 DOCTORS LAKE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE OARK FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	~~RATZLAFF, RUSSELL R~~		2.2 NAME	Guy A. Ratzlaff	
STREET ADDRESS	8468 COUNTRY BEND CIRCLE E		2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	~~PERKINS,~~ ELIZABETH A		3.2 NAME	Elizabeth A. Locke	
STREET ADDRESS	~~3210 DOCTORS LAKE DR~~		3.3 STREET ADDRESS	775 Ennis Dr.	
CITY-ST-ZIP	~~ORANGE PARK FL~~		3.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Judith L. Ratzlaff 4/28/96 (904) 355-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #