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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Westham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F55386 103RD STREET AUTO PARTS, INC. (9)

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				i dodina ikol oziol oriza itear ibila atti sibil o	1811 WIBIT MJÆEL BIÐIT BIÐIL IMÐI	
· ·						
10880 103RD STREET JACKSONVILLE FL 32210		P. O. BOX 1804 Orange Park FL 32067 US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/13/1981	
2. Principal Place of Business		2a. Mailing Address	2s, Mailing Address		4. FEI Number	Applied For
21		26		59-2141856	Not Applicable	
Suite. Apt. #. etc.		Suite, Apt. #, etc			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	•	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No ]
<u> </u>	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	ed Agent
C	ARROLL (BRYANT S.) JR.		81	Name		
1124 S. EDGEWOOD AVE.			<u> </u>			
			82	82 Street Address (P.O. Box Number is Not Acceptable)		
J#	ACKSONVILLE FL 32205		-	İ		
_			83			
			84	City		85 Zip Code
					poration submits this statement for the purpose	
agent. I SIGNATURE	Signature: typed or printed name of registered ag	nint and title if applicable (NOTE	Registered Ag		tion's board of directors. I hereby accept the a	-
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE			Change  Addition
NAME	RATZLAFF, JUDITH L.	• •	1.2 NAME			
SYREET ADDRESS	3211 DOCTORS LAKE DR		1.3 STREE	ADDRESS		
CITY-ST-ZIP	ORANGE OARK FL		1.4 CITY-	RT- 7IP		
TITLE	VP	DELETE	2.1 TITLE	71 217		Change Addition
NAME	RATZLAFF, GUY A.		2.2 NAME			
	ALAN COLINTRAL BEING ORGO	(ÉE				
STREET ADDRESS		u L	2.3 STREE			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-	ST-ZIP		
TITLE	I LOOVE CUTABETIA	☐ DELETE	3.1 TITLE		••	Change Addition
NAME	LOCKE, ELIZABETH A		3.2 NAME	Ī		İ
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		3.4. CiTY-	ST-ZIP		
TIFLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			1
STREET ADDRESS	.			ADDRESS		
	<b>` </b>			1		
CITY-ST-ZIP		DELETE	4.4 CITY - 1	51-ZIP		Change Addition
TITLE		CT OFFEE	5.1 TITLE	ĺ		Coloringe Colorinon
NAME			5.2 NAME	ĺ		
STREET ADDRESS	s		5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
				ADORESS		
STREET ADDRESS	°			1		
CITY. CT. 7LP	1		64 CITY-	ST-71P 1		

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 corplication or the receiver or instee 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 atlay time of with an afforces.

CIGNATURE.

whith 2. 1981

4-20-98

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