

**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 # F93000000053 (9)**

1. Corporation Name  
**MCCONNELLSBURG AUTO SUPPLY, INC.**



Principal Place of Business: **1333-1335 EISENHOWER BLVD. JOHNSTOWN PA 15904**  
Mailing Address: **1333-1335 EISENHOWER BLVD. JOHNSTOWN PA 15904**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>23-1394096</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WEYANT, RICHARD 2129 RINGLING BLVD. SARASOTA FL 34237</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHONEK, WILBUR E</b>	1.2 NAME	
STREET ADDRESS	<b>305 FRANKLIN ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JOHNSTOWN PA 15907</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, MILTON H</b>	2.2 NAME	
STREET ADDRESS	<b>786 N. EDGEWOOD AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOMERSET PA 15501</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STATES, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>RD. 1, BOX 479</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ENTERPRISE PA 16664</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEYANT, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>4012 MAVERICK AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, JOHN D</b>	5.2 NAME	
STREET ADDRESS	<b>BOX 142 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LISTIE PA 15549</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOGUE, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>RD. 1, BOX 357</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BEDFORD PA 15522</b>	6.4 CITY-ST-ZIP	

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: *W.E. Schonek* **W. E. SCHONEK** **4-11-96** **(814)266-8744**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)