

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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 15804**
 Mailing Address: **1333-1335 EISENHOWER BLVD. JOHNSTOWN PA 15804**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1992	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 23-1394096	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MACY, WILLIAM
2129 RINGLING BLVD
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	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 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 from a registered agent and filed if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCHONEK, WILBUR E	
STREET ADDRESS	305 FRANKLIN ST.	
CITY-ST-ZIP	JOHNSTOWN PA 15807	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALAYDA, ROBERT	
STREET ADDRESS	1335 EISENHOWER BLVD	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MACY, WILLIAM	
STREET ADDRESS	2129 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EVANS, JOHN D	
STREET ADDRESS	BOX 142 N/A	
CITY-ST-ZIP	LISTIE PA 15549	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOGUE, WILLIAM	
STREET ADDRESS	RD. 1, BOX 357	
CITY-ST-ZIP	BEDFORD PA 15522	
TITLE	STAD	<input type="checkbox"/> DELETE
NAME	GREEN, RICHARD J JR.	
STREET ADDRESS	305 FRANKLIN ST	
CITY-ST-ZIP	JOHNSTOWN PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 my address.

SIGNATURE: *Robert Galayda* **ROBERT GALAYDA** 4-9-98

CR2E034 (10/97)