

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandia B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H87150 (9)**  
1. Corporation Name  
**ACE AUTOMOTIVE PRODUCTS, INC.**



Principal Place of Business: **801 W. FORSYTH ST. JACKSONVILLE FL 32204**  
Mailing Address: **801 W. FORSYTH ST. JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified: **12/01/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2631339**  
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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent  
**HARTSOCK, CHARLES G.  
801 WEST FORSYTH STREET  
JACKSONVILLE FL 32204**

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 607.0542 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: *Charles G. Hartsock* DATE: **2-1-96**

12. OFFICERS AND DIRECTORS

12.1 TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>HARTSOCK, CHARLES G.</b>	
12.3 STREET ADDRESS	<b>801 W FORSYTH ST JACKSONVILLE FL</b>	
12.4 CITY, ST, ZIP	<b>DV</b>	<input type="checkbox"/> DELETE
12.5 NAME	<b>HADLEY, GAYLORD</b>	
12.6 STREET ADDRESS	<b>801 W FORSYTH ST JACKSONVILLE FL</b>	
12.7 CITY, ST, ZIP	<b>S</b>	<input type="checkbox"/> DELETE
12.8 NAME	<b>HARTSOCK, PATRICIA</b>	
12.9 STREET ADDRESS	<b>801 W. FORSYTH ST. JACKSONVILLE FL</b>	
12.10 CITY, ST, ZIP	<b>T</b>	<input type="checkbox"/> DELETE
12.11 NAME	<b>HADLEY, BETTY</b>	
12.12 STREET ADDRESS	<b>801 W. FORSYTH ST. JACKSONVILLE FL</b>	
12.13 CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 STREET ADDRESS	
13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME	
13.12 STREET ADDRESS	
13.13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form 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: *Charles G. Hartsock* **2-1-96** **396-0932**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)