

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J90406** (6)

1. Corporation Name
SPECIALTY PARTS, INC.



Principal Place of Business Mailing Address
% FRANK A. LENHARDT
4145 WHIDDEN BLVD #7
PORT CHARLOTTE FL 33980

3. Date Incorporated or Qualified **08/28/1987** 3a. Date of Last Report **04/10/1995**
4. FEI Number **65-0042565** 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

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

9. Name and Address of Current Registered Agent

LENHARDT, FRANK A.
4145 WHIDDEN BLVD
UNIT 7
PORT CHARLOTTE FL 33980

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: Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when filing a change) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LENHARDT, FRANK A.	
STREET ADDRESS	RT 18021 LEETANA RD	
CITY-STATE-ZIP	N FT MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOBES, THOMAS M.	
STREET ADDRESS	3349 FOWLER STREET	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCNEAR, JOSEPH P.	
STREET ADDRESS	2925 WAREHOUSE ROAD	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	LENHARDT FRANK A
2.4 CITY-STATE-ZIP	18021 Lee TAWA Rd
2.5 CITY-STATE-ZIP	N FT MYERS FL 33917
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, changed, or on an attachment with an address.

SIGNATURE: *Frank A. Lenhardt* **FRANK A. LENHARDT** 1/24/96 813-625-3455
DATE: Daytime Phone #

CR2E034 (12/95)