

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:25

DOCUMENT # P93000074340 (9)

1. Corporation Name

SOUTH CENTRAL TRUCK PARTS, INC.

Principal Place of Business

Mailing Address

8935 N.W. GAINESVILLE RD.  
OCALA FL 34475

8935 N.W. GAINESVILLE RD.  
OCALA FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1993  
3a. Date of Last Report: 07/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number: 59-3207005

Applied For: Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

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7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAYE, JOHN R  
8935 N.W. GAINESVILLE RD.  
OCALA FL 34475

81 Name: J. Warren Bullard  
82 Street Address (P.O. Box Number is Not Acceptable): 121 N.W. Third Street  
83  
84 City: Ocala FL 85 Zip Code: 34475

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

*J. Warren Bullard*

(NOTE: Registered Agent signature required when reinstating)

MAY 31 1995  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: VS  
NAME: WILSON, ETHEL R.  
STREET ADDRESS: 1088 N. E. 36TH AVENUE  
CITY - ST - ZIP: Ocala FL

TITLE: PTD  
NAME: WILSON, WOODROW  
STREET ADDRESS: 1088 N.E. 36TH AVE.  
CITY - ST - ZIP: Ocala FL

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
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 110.07(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, as changed, or on an attachment with an address.

SIGNATURE: *Woodrow Wilson* WOODROW WILSON

JUNE 6, 1995 904:732-6300

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date (Day/Month/Year)