

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

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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S95894 (9)

1. Corporation Name  
A B & B AUTO PARTS, II, INC.



Principal Place of Business: ROUTE 3, BOX 1740, CALLAHAN FL  
Mailing Address: ROUTE 3, BOX 1740, CALLAHAN FL 32011-9201

3. Date Incorporated or Qualified: 11/22/1991  
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business: 21 5803 SOUTH KINGS RD. 26  
2a. Mailing Address: 27 SPARK

4. FEI Number: 59-3093271  
Applied For: Not Applicable

22. City & State: 23 CALLAHAN FL  
27. City & State:

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

24. Zip: 25 32011 29. Country: 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSMAN, ALAN S.  
1212 COURT STREET  
SUITE B  
CLEARWATER FL

81 Name: A. Barnett Thompson  
82 Street Address (P.O. Box Number is Not Acceptable): 5803 SOUTH KINGS RD.  
83  
84 City: CALLAHAN FL 85 Zip Code: 32011

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: *Alan S. Gassman* DATE: 4/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, A. BARNETT	1.2 NAME	
STREET ADDRESS	RT. 3, BOX 1740	1.3 STREET ADDRESS	
CITY - ST - ZIP	CALLAHAN FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DEBRA H.	2.2 NAME	
STREET ADDRESS	RT. 3, BOX 1740	2.3 STREET ADDRESS	
CITY - ST - ZIP	CALLAHAN FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 an address.

SIGNATURE: *Sandra B. Mortham* DATE: 4/14/97 (904) 879-5045

CR2E034 (9/96)