

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PH 3:11

DOCUMENT # **402764** (5)

1. Corporation Name

DISCOUNT AUTO PARTS, INC.

Principal Place of Business

Mailing Address

4900 FRONTAGE RD., S.
P.O. BOX 0000
LAKELAND FL 33801

4900 FRONTAGE RD., S.
P.O. BOX 0000
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/09/1972** 3a. Date of Last Report **02/17/1994**

4. FEI Number **59-1447420** 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.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FONTAINE, DENIS L
4900 FRONTAGE ROAD, SOUTH
LAKELAND FL 33802

B1 Name **Peter J. Fontaine**
B2 Street Address (P.O. Box Number is Not Acceptable) **4900 Frontage Road South**
B3
B4 City **Lakeland** FL B5 Zip Code **33801**

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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE **1/30/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE **D**
NAME **SHATZER, WARREN**
STREET ADDRESS **2302 FAIRMOUNT**
CITY - ST - ZIP **LAKELAND FL**

11 TITLE **D, V** Change Addition
12 NAME **Shatzer, Warren**
13 STREET ADDRESS **2302 Fairmont**
14 CITY - ST - ZIP **Lakeland, FL**

TITLE **PD**
NAME **FONTAINE, DENIS**
STREET ADDRESS **5934 PIER PLACE DR**
CITY - ST - ZIP **LAKELAND FL**

21 TITLE **PD** Change Addition
22 NAME **Delete**
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **SD**
NAME **FONTAINE, PETER**
STREET ADDRESS **5236 POST LN**
CITY - ST - ZIP **LAKELAND FL**

31 TITLE **P, D, C** Change Addition
32 NAME **Fontaine, Peter**
33 STREET ADDRESS **5710 Coveview Drive**
34 CITY - ST - ZIP **Lakeland, FL**

TITLE **CFO**
NAME **PERKINS, WILLIAM**
STREET ADDRESS **5026 GRAND BLVD.**
CITY - ST - ZIP **LAKELAND FL**

41 TITLE **CFO, D, S, V** Change Addition
42 NAME **Perkins, William**
43 STREET ADDRESS **5026 Grand Blvd.**
44 CITY - ST - ZIP **Lakeland, FL**

TITLE **D**
NAME **WARDLOW, E.E.**
STREET ADDRESS **3908 MT. VERNON DR.**
CITY - ST - ZIP **BLOOMFIELD HILLS MI**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **D**
NAME **TUNSTALL, A. G**
STREET ADDRESS **TUNSTAL CONSULT, INC. 13153 N. DALE MABRY**
CITY - ST - ZIP **TAMPA FL**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/30/95**

TELEPHONE # **(813) 687-9226**