

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

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 06/09/1972	3a. Date of Last Report 02/17/1994
4. FEI Number 59-1447420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FONTAINE, DENIS L
4900 FRONTAGE ROAD, SOUTH
LAKELAND FL 33802**

10. Name and Address of New Registered Agent

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]* DATE: **1/30/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHATZER, WARREN
STREET ADDRESS	2302 FAIRMOUNT
CITY - ST - ZIP	LAKELAND FL
TITLE	PD
NAME	FONTAINE, DENIS
STREET ADDRESS	5934 PIER PLACE DR
CITY - ST - ZIP	LAKELAND FL
TITLE	SD
NAME	FONTAINE, PETER
STREET ADDRESS	5236 POST LN
CITY - ST - ZIP	LAKELAND FL
TITLE	CFO
NAME	PERKINS, WILLIAM
STREET ADDRESS	5026 GRAND BLVD.
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	WARDLOW, E.E.
STREET ADDRESS	3908 MT. VERNON DR.
CITY - ST - ZIP	BLOOMFIELD HILLS MI
TITLE	D
NAME	TUNSTALL, A. G
STREET ADDRESS	TUNSTAL CONSULT, INC. 13153 N. DALE MABRY
CITY - ST - ZIP	TAMPA FL

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

11 TITLE	D, V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Shatzer, Warren	
13 STREET ADDRESS	2302 Fairmont	
14 CITY - ST - ZIP	Lakeland, FL	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Delete	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	P, D, C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Fontaine, Peter	
33 STREET ADDRESS	5710 Coveview Drive	
34 CITY - ST - ZIP	Lakeland, FL	
41 TITLE	CFO, D, S, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Perkins, William	
43 STREET ADDRESS	5026 Grand Blvd.	
44 CITY - ST - ZIP	Lakeland, FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **1/30/95** TELEPHONE: **(813) 687-9226**