

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 402764 (5)

1. Corporation Name
DISCOUNT AUTO PARTS, INC.



Principal Place of Business: 4900 FRONTAGE RD..S. P.O.BOX 8080 LAKELAND FL 33801
Mailing Address: 4900 FRONTAGE RD..S. P.O.BOX 8080 LAKELAND FL 33801

3. Date Incorporated or Qualified: 06/09/1972
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-1447420
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: 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FONTAINE, PETER J
4900 FRONTAGE ROAD SOUTH
LAKELAND FL 33801

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | SHATZER, WARREN | |
| STREET ADDRESS | 2302 FAIRMONT | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | PDC | <input type="checkbox"/> DELETE |
| NAME | FONTAINE, PETER | |
| STREET ADDRESS | 5710 COVEVIEW DRIVE | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | CFOD | <input type="checkbox"/> DELETE |
| NAME | PERKINS, WILLIAM | |
| STREET ADDRESS | 5026 GRAND BLVD | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WARDLOW, E.E. | |
| STREET ADDRESS | 3908 MT. VERNON DR. | |
| CITY-ST-ZIP | BLOOMFIELD HILLS MI | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TUNSTALL, A. G | |
| STREET ADDRESS | TUNSTAL CONSULT, INC. 13153 N. DALE MABRY | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-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-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address.

SIGNATURE: *William Perkins* EV P/CFOD 4/3/96 941-687-9226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)