

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

FILED

Feb 03 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 # 362618 (1)
1. Corporation Name
THE PARTS HOUSE, INC



Principal Place of Business
8383 BAYCENTER RD.
JACKSONVILLE FL 32256

Mailing Address
8383 BAYCENTER RD.
JACKSONVILLE FL 32256-7415

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
04/14/1970

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1291014

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

9. Name and Address of Current Registered Agent

FYFE RICHARD S.
4828 SAFFRON DR. S.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

1 Name David Miller
2 Street Address (P.O. Box Number is Not Acceptable)
3 8383 Baycenter Rd
4 City Jacksonville FL 85 Zip Code 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 *David Miller* (NOTE: Registered agent signature required when reinstating) DATE 1/7/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BARRY, THOMAS	50 TECHNOLOGY PARK	ATLANTA GA	<input checked="" type="checkbox"/>
P	HONIG, DAVID	7842 LINKSIDE DR.	JACKSONVILLE FL	<input type="checkbox"/>
PD	OTT, MATHEW	107 CYPRESS LANDING	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	GLASS, RONALD	50 TECHNOLOGY PARK	ATLANTA GA	<input checked="" type="checkbox"/>
D	Dan Meyer, Rod	Two North Riverside Plaza	Chicago IL 60606	<input type="checkbox"/>
D	Hall, William K	Two North Riverside Plaza	Chicago IL 60606	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	Rosenberg, Sheli	Two North Riverside Plaza	Chicago IL 60606	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	VP/S	Athens, Ga	Two North Riverside Plaza	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	VP/S	Athens, Ga	Two North Riverside Plaza	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	VP/S	Athens, Ga	Two North Riverside Plaza	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.3	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.4	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.4	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.4	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.3	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.4	VP	Miller David	8383 Baycenter Rd	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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: *David Miller* DATE: 1/7/97 DAYTIME PHONE: 904 731 3034

CR2E034 (9/96)