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Apr 24 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 # 605956 (2)

1. Corporation Name
BIG A AUTO PARTS, INC.



Principal Place of Business

Mailing Address

~~J FLAKE RD.~~
~~HASTINGS FL 32145~~

~~P O BOX 885~~
~~HASTINGS FL 32145-0885~~
US

3. Date Incorporated or Qualified
01/01/1979

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

2. Principal Place of Business

2a. Mailing Address

21 117 Pleasant Dr.

26 117 Pleasant Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 East Palatka, FL

28 East Palatka, FL

Zip

County

Zip

Country

24 32131-6852

25 US

29 32131-6852

30 US

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

10. Name and Address of New Registered Agent

KEYSER, TIMOTHY
501 ATLANTIC AVE.
INTERLACHEN FL 32148

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FAIT, E J
STREET ADDRESS J FLAKE ROAD
CITY-ST-ZIP HASTINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 117 Pleasant Dr.
1.4 CITY-ST-ZIP EAST PALATKA, FL 32131-6852

TITLE T
NAME SCANLON, KEVIN
STREET ADDRESS 51954 LILAC RD
CITY-ST-ZIP SOUTH BEND IN

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 46628

TITLE S
NAME KEYSER, TIMOTHY
STREET ADDRESS 501 ATLANTIC AVE.
CITY-ST-ZIP INTERLACHEN FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

Kevin Scanlon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 (219)272 4666
Date Daytime Phone #

CR2E034 (9/96)