

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90231 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 402764

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1972

4. FEI Number
59-1447420

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

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 owes the current year Intangible Personal Property Tax. Yes No

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
DV	SHATZER, WARREN	4900 FRONTAGE RD SO	LAKELAND FL 33815	<input type="checkbox"/>	Director	Shatzer, Warren	4900 Frontage Rd South	Lakeland, FL 33815	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DC	FONTAINE, PETER	4900 FRONTAGE RD SO	LAKELAND FL 33815	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	PERKINS, WILLIAM	4900 FRONTAGE RD SO	LAKELAND FL 33815	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WARDLOW, E.E.	3008 CRIB PL DR	LAS VEGAS NV 89134	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	TUNSTALL, A. G	TUNSTAL CONSULT, INC. 13153 N. DALE MABRY	TAMPA FL 33618	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CFOV	MOORE, C MICHAEL	4900 FRONTAGE RD S	LAKELAND FL 33815	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/99 (941) 284-2080

CR2E034 (1/198)

