

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

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  
**06/09/1972**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

FONTAINE, PETER J  
 4900 FRONTAGE ROAD SOUTH  
 LAKELAND FL 33801

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Shatzer, Warren	
13 STREET ADDRESS	4900 Frontage Rd South	
14 CITY-ST-ZIP	Lakeland, FL 33815	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99 (941) 284-2080  
 Date Daytime Phone #

CR2E034 (1/198)