

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 # 121108 (5)

1. Corporation Name

MOTOR SUPPLY INC



Principal Place of Business

Mailing Address

6952 S W 40 CT
MIRAMAR FL 33023

6952 S W 40 CT
MIRAMAR FL 33023

3. Date Incorporated or Qualified
11/04/1929

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 671 N.W. SAN REMO CIRCLE

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

PORT ST. LUCIE FL.

24 Zip

Country

29 34986

30 U.S.A.

4. FEI Number
59-0271970

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

10. Name and Address of New Registered Agent

MILLER, LORRAINE
6952 SW 40 CT
MIRAMAR FL 33023

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, LORRAINE
STREET ADDRESS 6952 SW 40 CT
CITY - ST - ZIP MIRAMAR FL

☐ DELETE

TITLE SD
NAME MILLER, STEPHEN
STREET ADDRESS 6952 SW 40 CT
CITY - ST - ZIP MIRAMAR FL

☐ DELETE

TITLE T
NAME MILLER, STEPHEN
STREET ADDRESS 6952 SW 40 CT
CITY - ST - ZIP MIRAMAR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

671 N.W. SAN REMO CIRCLE
PORT ST. LUCIE FL. 34986

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

671 N.W. SAN REMO CIRCLE
PORT ST. LUCIE FL. 34986

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

671 N.W. SAN REMO CIRCLE
PORT ST. LUCIE FL. 34986

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

Date

(809) 340-3193

Daytime Phone

CR2E034 (12/95)