FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:21

DOCUMENT # **226526** **(2)**

1. Corporation Name
INDEPENDENT PARTS WAREHOUSE, INC.

Principal Place of Business	Mailing Address
5433 BUFFALO AVE JACKSONVILLE FL 32208	5433 BUFFALO AVE JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1959**
3a. Date of Last Report: **02/25/1994**

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

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

4. FEI Number: **59-0873641** ☐ 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

HITZING, E W
5433 BUFFALO AVE
JACKSONVILLE FL 32208

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 15	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HITZING, E W	12 NAME	
STREET ADDRESS	5433 BUFFALO AVE	13 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	14 CITY, ST, ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, RAYMOND	22 NAME	
STREET ADDRESS	5433 BUFFALO AVE	23 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	24 CITY, ST, ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, SHARON	32 NAME	
STREET ADDRESS	5433 BUFFALO AVE	33 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	34 CITY, ST, ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HITZING, MABLE	42 NAME	
STREET ADDRESS	5433 BUFFALO AVE	43 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	44 CITY, ST, ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	HITZING, A G	52 NAME	
STREET ADDRESS	5433 BUFFALO AVE	53 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(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 the 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: Raymond C. Davis Treasurer 2/20/95 904-503-0962 x234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406490 FP