

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 # 231595 (0)

1. Corporation Name

S AND S AUTO PARTS, INC.



Principal Place of Business

804 AVE M. SE
PO BOX 2038
WINTER HAVEN FL 33880

Mailing Address

804 AVE M. SE
PO BOX 2038
WINTER HAVEN FL 33880

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SHAFFER, EDWARD M
107 6TH ST. JAN PHYL VILLAGE
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified
12/30/1959

3a. Date of Last Report
04/28/1995

4. FEE Number
59-0897357

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

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 of Registered Agent

Signature of Agent for Service of Process

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SD
SHAFFER, ANN B
804 AVE. M. SE.
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

T
SHAFFER, ANN B
804 AVE. M. SE.
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
SHAFFER JR, EDWARD M.
107 6TH ST.
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VD
SHAFFER, WILLIAM R.
124 LAMERAUX RD.
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(a), 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 officer 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

4-9-96

941-294-4193

CR2E034 (12/95)