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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 231741 (0)

1. Corporation Name

EARLE G. WARD AUTO PARTS, INC.



Principal Place of Business

Mailing Address

8395 LA AMISTAD COVE
~~PO BOX 136~~
FERN PARK FL 32730
US

P. O. BOX 300792
~~PO BOX 136~~
FERN PARK FL 32730
US

3. Date Incorporated or Qualified

12/19/1959

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 LA AMISTAD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRYSTAL, JOHN A., JR.

833 S. ORLANDO AVENUE

WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8395 LA AMISTAD COVE

83

FERN PARK

84

City

FL

85

32730

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
SD
CRYSTAL, BARBARA
STREET ADDRESS
8395 LAAMISTAD COVE
CITY-ST-ZIP
FERN PARK FL

TITLE ☐ DELETE

NAME
D
CRYSTAL, JOHN A, JR
STREET ADDRESS
8395 LA AMISTAD COVE
CITY-ST-ZIP
FERN PARK FL

TITLE ☐ DELETE

NAME
PVT
CRYSTAL, JOHN A, JR
STREET ADDRESS
8395 LAAMISTAD COVE
CITY-ST-ZIP
FERN PARK FL

TITLE ☐ DELETE

NAME
D
CRYSTAL, MILDRED H
STREET ADDRESS
9252 SAN JOSE BLVD
CITY-ST-ZIP
JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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

JOHN A CRYSTAL JR 1/15/96

Date

Daytime Phone #

CR2E034 (12/95)