## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 237088

(0)

P & D AUTO PARTS INCORPORATED

FILED
Mar 11 1997 8:00am
Secretary of State

Principal Plac	e of Business	Mailing	Mailing Address				4 (03))A HIRED HIRE HERT DANN JAMES STAL BERT BEIN BIRG BIRT BIRT BIRT BIRT BIRT BIRT BIRT BIRT			
2002 ORANGE FT. PIERCE FL			2002 ORANGE AVE FT. PIERCE FL 34950-3856							
							3. Date Incorporated or Qualified 05/31/1960		e of Last R 5/1996	eport
2. Principal P	lace of Business	2a. Mail	ng Address			<del></del>	4. FEI Number			pplied For
21	**************************************	26					59-0899955		<del></del>	ot Applicable
Suite, Apt	#, etc.	Suite 27	e, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	е		& State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Coi	untry	,	8. This corporation has liability for			199.032
24	25	29	1	30	,		115/104 5/4/4/55	Yes 🗆		
200	9. Name and Address of Curi	rent Hegistered	Agent		81	Name	10. Name and Address of New Re	GISTOLOG N	Seur	
	SCOTT, DEBORAH A									
	2 ORANGE AVE PIERCE FL 34950-0898				82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)		
, ,,,,	1 12102 1 2 04000 0000				83					
ĺ					84	City			<b>85</b> Zip	Code
					•	Oity		FL		
l office or r	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Sc	ich change was	authorize	ıd bı	v the corp	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appo	changing i pintment as	is registered registered
SIGNATURE										
12.	Signature, typed or printed name of registered	agent and title it applie AND DIRECTOR		TE Registere	d Age	ent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	25 IN 12
12. 111LE	P\$	AND DIRECTOR	DELETE	1.1 T	TLE		ADDITIONS/CHANGES TO OF IN		Change	Addition
NAME	PRESCOTT, DEBORAH A			1.2 N		i		'	onunge	
STREET ADDRESS	404 S 24TH ST					ADDRESS				
CITY-ST-ZIF	FORT PIERCE FL			- 1		ST-ZIP				
THILE	V		☐ DELETE	2.1 T					Change	Addition
NAME	PRESCOTT, DARRYL D			2.2 N	AME					
STREET ADDRESS	204 N 32ND ST			2.3 \$	TREET	ADDRESS				İ
CHTY - ST - ZIF	FT PIERCE FL			2 4 (	CITY-:	ST-ZIP				
TITLE	1		DELETE	3.1 T	ITLE	}			Change	Addition
NAME	PRESCOTT, DAVID A			3.2 N	IAME					
STREET ADDRESS	204 N 32ND ST			335	TREET	ADDRESS				
CITY-SI-ZiP	FT PIERCE FL		DELETE			ST-ZIP			Change	Addition
TITLE			□ DEEE IE	411					Change	MODIDON LL
NAME OTREST APPROXIMATION					NAME	- 1				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 t. 5.1 T		ST-ZIP			Change	Addition
NAME				5.2 N						
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP						ST- ZIP				
TITLE			DELETE	6.1 7					Change	Addition
NAME				6.2 N	AME					
STREET ADORESS				6.3 9	TREE	TADDRESS				
CITY-ST-ZIP				6.4 (	ity - s	ST-ZIP				
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I do 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.

SIGNATURE: A LICE AT A COLORIT DE ABORNHIDRESCOTT 3/4/97 561-461-1345