

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90141 036 ***150.00

DOCUMENT # 237710

1. Entity Name

MARIANNA AUTO PARTS & SUPPLY COMPANY, INC.

Principal Place of Business

Mailing Address

PO BOX 270
 MARIANNA FL 32447-0270
 US

PO BOX 270
 MARIANNA FL 32447-0270
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0907650

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, RONALD L.
2513 SPRING CREEK ROAD
MARIANNA FL 32446

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input type="checkbox"/> Delete
NAME	STEVENS, RONALD L.
STREET ADDRESS	2513 SPRING CREEK ROAD
CITY-ST-ZIP	MARIANNA, FLORIDA 00000
TITLE	VD <input type="checkbox"/> Delete
NAME	SPENCE, WALTER W JR
STREET ADDRESS	2774 INDIAN SPRING RD
CITY-ST-ZIP	MARIANNA, FLORIDA 00000
TITLE	TD <input type="checkbox"/> Delete
NAME	SPENCE, ELIZABETH H
STREET ADDRESS	2774 INDIAN SPRING RD
CITY-ST-ZIP	MARIANNA, FLORIDA 00000
TITLE	SD <input type="checkbox"/> Delete
NAME	STEVENS, MARY C.
STREET ADDRESS	2513 SPRING CREEK ROAD
CITY-ST-ZIP	MARIANNA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald L. Stevens*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00 Date *850-526-3330* Daytime Phone #

CR2E034 (9/99)