

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **239360** (1)
1. Corporation Name
CHIEFLAND AUTO PARTS AND SERVICE INC



Principal Place of Business 103 NORTH MAIN STREET CHIEFLND FL 32626	Mailing Address P O BOX 25 CHIEFLND FL 32644 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 <i>Chiefland FL</i> 24 Zip <i>32644</i> 25 Country <i>Levy</i>		2a. Mailing Address 26 <i>P O Box 25</i> 27 Suite, Apt. #, etc. 28 City & State <i>Chiefland FL</i> 29 Zip <i>32644</i> 30 Country <i>Levy</i>		3. Date Incorporated or Qualified 08/11/1960	4. FEI Number 59-0904454	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GOOLSBY JR, VIRGIL E
215 NW 10TH TERRACE
CHIEFLND FL 32626**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<i>Vice Pres.</i>
NAME	GOOLSBY, VIRGIL E., JR.	1.2 NAME	<i>Goolsby, Virgil E.</i>
STREET ADDRESS	215 NW 10TH TERR	1.3 STREET ADDRESS	<i>215 NW 10th Terrace</i>
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	<i>Chiefland FL</i>
TITLE	VD	2.1 TITLE	<i>President</i>
NAME	ELIZABETH G. BURR	2.2 NAME	<i>Elizabeth G Burr</i>
STREET ADDRESS	10750 NW 88TH TER	2.3 STREET ADDRESS	<i>10750 NW 88th Ter.</i>
CITY-ST-ZIP	CHIEFLND FL	2.4 CITY-ST-ZIP	<i>Chiefland FL 3</i>
TITLE	ST	3.1 TITLE	
NAME	DENNIS W. BURR	3.2 NAME	
STREET ADDRESS	10750 NW 88TH TER	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DENNIS W. BURR	4.2 NAME	
STREET ADDRESS	10750 NW 88TH TER	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 *Elizabeth Burr*

CR2E034 (10/97)