

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 246955 (9)
 1. Corporation Name
PINE HILLS AUTOMOTIVE PARTS CO



Principal Place of Business: **4897 WEST COLONIAL DRIVE ORLANDO FL 32808-7701**
 Mailing Address: **4897 WEST COLONIAL DRIVE ORLANDO FL 32808-7701**

3. Date Incorporated or Qualified: **04/27/1961** 3a. Date of Last Report: **02/19/1996**
 4. FEI Number: **59-1114039** 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

2. Principal Place of Business: **5610 PALEO PINES CIR.**
 Suite, Apt. #, etc.:
 City & State: **FT. PIERCE FL**
 Zip: **34951** Country: **USA**

9. Name and Address of Current Registered Agent
CHANCLER, JAMES
6001 PALEO PINES CIR.
FT. PIERCE FL 34951

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHANCLER, JAMES	
STREET ADDRESS	6001 PALEO PINES CIR.	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, HARRY S	
STREET ADDRESS	550 N. BUMBY AVE.	
CITY - ST - ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANCLER, EVELYN	
STREET ADDRESS	131 LK. FAIRGREEN CIR.	
CITY - ST - ZIP	NEW SMYRNA BCH. FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANCLER, SHARON	
STREET ADDRESS	6001 PALEO PINES CIR.	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. 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: *James M Chancler* 3/10/97 561-464-3860

CR2E034 (9/96)