FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:44

DOCUMENT # **255038** **(2)**

1. Corporation Name

PARTS & EQUIPMENT DISTRIBUTORS INC

Principal Place of Business	Mailing Address
4317 E. COLUMBUS DR TAMPA FL 33605	4317 E. COLUMBUS DR TAMPA FL 33605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/17/1962	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-0942818** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOGT, JOHN C JR 4317 E. COLUMBUS DR. TAMPA FL 33605	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 applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	SHEA, JOHN	1 2 NAME	
STREET ADDRESS	4317 E COLUMBUS DRIVE	1 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	1 4 CITY ST ZIP	
TITLE	PD	2 1 TITLE	☐ Change ☐ Addition
NAME	VOGT, JOHN C JR	2 2 NAME	
STREET ADDRESS	4317 E. COLUMBUS DR.	2 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	2 4 CITY ST ZIP	
TITLE	DST	3 1 TITLE	☐ Change ☐ Addition
NAME	CURRIE, WILLIAM E III	3 2 NAME	
STREET ADDRESS	4317 E COLUMBUS DR	3 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	3 4 CITY ST ZIP	
TITLE	AS	4 1 TITLE	☐ Change ☐ Addition
NAME	SOVICH, CLAYTON J	4 2 NAME	
STREET ADDRESS	4317 E. COLUMBUS DRIVE	4 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33605	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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)(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: John C Vogt 4/4/95 (813)622-7410

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302770 CP