

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 273244 (4)

1. Corporation Name

PARTS & SUPPLY, INC.

Principal Place of Business

**1100 N. Monroe St.
Tallahassee, FL 32303**

Mailing Address

**7746 Holsteiner Ln.
Tallahassee, FL 32308**

3. Date Incorporated or Qualified

08/29/1968

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 **7746 Holsteiner Ln.**

4. FEI Number

59-1007624

Applied For

Not Applicable

22 City & State

27 City & State

Tallahassee, Florida

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

24 Zip

Country

29 Zip

32308

Country

Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Jerry T. Syfrett
7746 Holsteiner Ln.
Tallahassee, FL 32308**

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 removing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **Syfrett, Jerry T.**
STREET ADDRESS **1100 N. Monroe St.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **VD** ☐ DELETE
NAME **Syfrett, Thomas F.**
STREET ADDRESS **1100 N. Monroe St.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **STD** ☐ DELETE
NAME **Jessup, Andrea S.**
STREET ADDRESS **1100 N. Monroe St.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **STD** ☐ DELETE
NAME **Syfrett, Louise N.**
STREET ADDRESS **1100 N. Monroe St.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**100001750551
-03/20/96--01017--017
***200.00**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Louise N. Syfrett
Louise N. Syfrett

2/20/96

(904) 893-3200

CR2E034 (12/95)