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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 277016

1. Corporation Name

ANNISTON AUTO PARTS CO., INC.

Principal Place	of Business	M	ailing Address				, , , , , , , , , , , , , , , , , , , ,	.,		
126 W. 11TH S	т.		8 W. 11TH ST.				ļ			
P. O. BOX 1738 ANNISTON AL 36201			P. O. BOX 1738 ANNISTON AL 36201				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		. Ap	plied For
21			26				63-0481288		) <del></del>	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
22		27					5. Certifcate of Status Desired		Fee Re	quired
City & State	0	1	City & State				6. Election Campaign Financing	· [	\$5.00	May Be -
23			28				Trust Fund Contribution		Added t	o Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the curr	ent year Inta	ngible	
24	25	29		30			Personal Property Tax.		□Yes	₩6
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New F	tegistered A	lgent	
					81	Name				
	EMAN, CURTIN R.				82	Street Ad	dress (P.O. Box Number is Not Accepta	ible)		
2810 E. OAKLAND PARK BLVD, STE-3			oz Siree							
FT LAUDERDALE FL 33306			<u>  8</u>							
					84	City			85 Zip (	Code
					04	City		FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statute	s, the a	bove	e-named co	rporation submits this statement for the	purpose of	hanging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of HIOTK	da. Such change was at	utnonzec	ı by	tne corpora	tion's board of directors. I hereby accep	ot the appoin	umem as re	yistered
- <b>3</b> ··	m tanima man, and doopt are banga		,							
SIGNATURE	Signature, typed or printed name of registered ager	t and bite	if applicable. (NOTE:	Registered	Agen	t signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN	D DIRE		13.		···	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DPC		DELETE	1.1 П	TLE	1			Change	Addition
NAME	LEE JR, JOHN D			1.2 N	AME	· }				
STREET ADDRESS	126 W 11TH ST			1.3 \$	REET	ADDRESS				
CITY-ST-ZIP	ANNISTON, AL 00000			1.4 C	TY-S	T-ZIP				
TITLE	VP		☐ DELETÉ	2.1 77	TLE	}			☐ Change	Addition
NAME	LEE, SUSAN M			2.2 N	ME		·			
STREET ADDRESS	AGO IN AATH OT			2.3 S	TREE!	ADDRESS				
CITY-ST-ZIP	ANNISTON AL			2.40	ITY-S	T-ZIP				
TITLE	STD		☐ DELETE	3.1 TI	TLE				Change	Addition
NAME	LEE, DOROTHY M.			3.2 N	AME	-		·-		
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ANNISTON AL			3.4, 0	ITY-S	T-ZIP			<del> </del>	
TITLE			☐ DELETE	4.1 T	TLE				☐ Change	Addition
NAME	{			4.21	AME	Ì				
STREET ADDRESS				4.3 S	TREET	T ADDRESS				
CITY-ST-ZIP				4.4 C	TY-S	T-ZIP				
TITLE			☐ DELETE	5.1 T					Change	Addition
NAME				5.2 N	AME	İ				
STREET ADDRESS			•	5.3 \$	TREE	TADDRESS		•		
CITY-ST-ZIP				5.4 C	ITY-S	T-ZIP			_	
TITLE	<del></del>		☐ DELETE	6.1 T	TLE				Change	Addition
NAME	1			6.2 N	AME		_			
STREET ADDRESS				6.3 S	TREE	T ADDRESS				
CHACL MDOLEGO	1									

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 suppliemental apmeal report is too 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 instee expowered 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 oddress, with an other like empowered.

SIGNATURE:

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90012 039 \*\*\*150.00