# 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

APPROVED AND FILED

95 APR 18 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **282879** **(6)**

1. Corporation Name

**TERRY'S AUTO SUPPLY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 524 NORTH DIXIE HIGHWAY<br>P.O.BOX 467<br>HOLLYWOOD FL 33022-7467 | 524 NORTH DIXIE HIGHWAY<br>P.O.BOX 467<br>HOLLYWOOD FL 33022-7467 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1964**

3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business (21): 

2a. Mailing Address (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: **59-1055276** ☐ 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

**FINK, STEPHEN W.**
**14105 SHERIDAN ST.**
**FT.LAUDERDALE FL 33330**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | FINK, VIVIAN | 12 NAME | | |
| STREET ADDRESS | 1229 CORAL LANE | 13 STREET ADDRESS | | |
| CITY ST ZIP | HOLLYWOOD FL | 14 CITY ST ZIP | | |
| TITLE | PD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | FINK, STEPHEN | 22 NAME | | |
| STREET ADDRESS | 14105 SHERIDAN ST | 23 STREET ADDRESS | | |
| CITY ST ZIP | FT. LAUDERDALE FL | 24 CITY ST ZIP | | |
| TITLE | VD | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | LEVY,THERESA FINK | 32 NAME | LEVY, THERESA | |
| STREET ADDRESS | 524 N DIXIE HWY | 33 STREET ADDRESS | | |
| CITY ST ZIP | HOLLYWOOD FL | 34 CITY ST ZIP | | |
| TITLE | TD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | LEVY, HOWARD | 42 NAME | | |
| STREET ADDRESS | 524 N DIXIE HWY | 43 STREET ADDRESS | | |
| CITY ST ZIP | HOLLYWOOD FL | 44 CITY ST ZIP | | |
| TITLE | SD | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | FINK, JUDY C. | 52 NAME | | |
| STREET ADDRESS | 14105 SHERIDAN ST. | 53 STREET ADDRESS | | |
| CITY ST ZIP | FT.LAUDERDALE FL | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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:** Stephen W. Fink 01/06/95 305-922-0804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

000170 CP