Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 296525

1. Corporation Name

Principal Place of Business

ACRES OF AUTO PARTS INC

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be	1606 42ND ST. WEST 3600 14TH ST W BRADENTON FL 34205 US		1606 42ND ST. WEST 3600 14TH ST W BRADENTON FL 34205 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/07/1965			
Sulie, Apt. #, etc. Sulie, Apt. #, etc. Sulie, Apt. #, etc. Sulie, Apt. #, etc. So. Certificate of Status Desired \$8.75 Additional Fee Required City & State Status Desired \$5.00 May 8e Addition Added to Feed Trust Fund Contribution Added to Feed Trust Fund Contribu	2. Principal Pl	lace of Business	2a. Mailing Address			• • • • • • • • • • • • • • • • • • • •	-	``	
27 City & State City & City	21								
City & State City & State City & City & State	⊢	#, etc.	⊢ • • • • • • • • • • • • • • • • • • •			5. Certificate of Status Desired			
23		9 ,	City & State			, , - , - , - , - , - , - , - ,			
25 29 30 Personal Property Tax. Yes No	23					Trust Fund Contribution		to Fees	
KRANER JR,HARRY 1606 42ND ST. WEST BRADENTON FL 34205 11. Pursiant 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 agent. I am familiar with, and accept the obligations of, Section 607.0502 front 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or prevent name of registered agent agent and cacept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or prevent name of registered agent agent and the rapidicative (POTE Registered Agent Statutes). SIGNATURE Signature, Typed or prevent name of registered agent submit and statutes of 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 prevent name of registered agent agent and the rapidicative (POTE Registered Agent Statutes). SIGNATURE Signature, Typed or prevent name of registered agent age	·	, re1		n .		· · · · · · · · · · · · · · · · · · ·		□No	
KRANER JR,HARRY 1606 42ND ST. WEST BRADENTON FL 34205 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip C			1	' 		10. Name and Address of New Registered Age	nt		
16.06 42ND ST. WEST BRADENTON FL 34205 82 Street Address (P.O. Box Number is Not Acceptable) 83		···		81	Name	e			
### City FL 85 Zip Code 11. Pursuant to the provisions of Sactions 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 67055, Florids Statutes. SIGNATURE 12	_ * * * * * * * * * * * * * * * * * * *			82	Stree	et Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 907 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, and accept the obligations of, Section 607/0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reintating) 12. OFFICERS AND DIRECTORS IN 12. TITLE PD				83					
11. Pursuant to the provisions of Sections 907 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, and accept the obligations of, Section 607/0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reintating) 12. OFFICERS AND DIRECTORS IN 12. TITLE PD					0:5		E Zin	Code	
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of director's. Inferely accept the approximation as registrates agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12				84	City	FL °	9 Zip	Code	
Signature, typed or printed mayer in equitative in liquid in a district approaches 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered								
TITLE	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re-	gistered Agen	t signature	re required when reinstating) OATE			
NAME KRANER, HARRY, JR. 12 NAME 13 STREET ADDRESS	12.	OFFICERS A	AND DIRECTORS	13.					
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NAME KRANER,MARILYN 1606 42ND ST. W. 23 STREET ADDRESS	CITY-ST-ZIP				r-ZIP		Change	- Addition	
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90020 036 ***150.00