

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JENNIFER B. WATKINS  
COMMISSIONER  
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **329220** (8)

GENERAL AUTO SUPPLY CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:11

REMITTED BY MAY 1

1717 WEST CASS ST  
TAMPA FL 33606

1717 WEST CASS ST.  
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                              |  |                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|
| 3. Filing Date (Month & Day)                                                                                                                                 |  | 3a. Date of Last Report        |  |
| 04/24/1998                                                                                                                                                   |  | 04/26/1994                     |  |
| 4. Filing Number                                                                                                                                             |  | Applied For / Not Applied For  |  |
| 59-1207704                                                                                                                                                   |  |                                |  |
| 5. Certificate of Status Desired                                                                                                                             |  | \$8.75 Additional Fee Required |  |
| 6. Election Campaign Financing Trust Fund Contribution                                                                                                       |  | \$5.00 May Be Added to Fees    |  |
| 6. This corporation has liability for changeable tax under G. 199-032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |

|                                                          |    |                                                                                                                                                                                                                                                                            |  |          |  |                                                    |  |          |  |           |    |         |  |
|----------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|----------------------------------------------------|--|----------|--|-----------|----|---------|--|
| 9. Name and Address of Current Registered Agent          |    | 10. Name and Address of New Registered Agent                                                                                                                                                                                                                               |  |          |  |                                                    |  |          |  |           |    |         |  |
| RICHARD FIDALGO<br>1717 WEST CASS. ST.<br>TAMPA FL 33606 |    | <table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (Do Not Number Last Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip</td> <td></td> </tr> </table> |  | 81. Name |  | 82. Street Address (Do Not Number Last Acceptable) |  | 83. City |  | 84. State | FL | 85. Zip |  |
| 81. Name                                                 |    |                                                                                                                                                                                                                                                                            |  |          |  |                                                    |  |          |  |           |    |         |  |
| 82. Street Address (Do Not Number Last Acceptable)       |    |                                                                                                                                                                                                                                                                            |  |          |  |                                                    |  |          |  |           |    |         |  |
| 83. City                                                 |    |                                                                                                                                                                                                                                                                            |  |          |  |                                                    |  |          |  |           |    |         |  |
| 84. State                                                | FL |                                                                                                                                                                                                                                                                            |  |          |  |                                                    |  |          |  |           |    |         |  |
| 85. Zip                                                  |    |                                                                                                                                                                                                                                                                            |  |          |  |                                                    |  |          |  |           |    |         |  |

11. Pursuant to the provisions of Sections 867.05(2) and 867.11(1), Florida Statutes, the above named corporation agrees this statement for the purpose of changing its registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accepted the appointment as registered agent. I am familiar with and accept the obligations of Section 867.05(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_

|                            |                                                       |                                                       |                                                                   |
|----------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| NAME                       | VPD<br>FIDALGO, RICHARD<br>915 WEST ST.<br>TAMPA FL   | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DP<br>FIDALGO, OLGA M.<br>915 WEST ST.<br>TAMPA FL    | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STD<br>FIDALGO, BRIAN D.<br>3301 N. RIDGE<br>TAMPA FL | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 867.05(2), Florida Statutes. I further certify that the information furnished is the information reported on the corporation's annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. That the corporation is in compliance with the provisions of the law regarding the foregoing and agrees to pay the fee required by Chapter 661, Florida Statutes, and that my entire report and the fee for this report are being submitted with this filing.

SIGNATURE:

RICHARD FIDALGO

✓ 4-27-95 ✓ 813-253 8802