

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 337186 (1)

1. Corporation Name  
**BOYTE AUTO SUPPLY CO**



Principal Place of Business: 122 EAST CRYSTAL AVENUE LAKE WALES FL 33853  
Mailing Address: 122 EAST CRYSTAL AVENUE LAKE WALES FL 33853

3. Date Incorporated or Qualified: 10/31/1968  
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

4. FEI Number: 59-1221822 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 [X] No [ ]

9. Name and Address of Current Registered Agent  
**BOYTE, WILLIAM B.  
122 EAST CRYSTAL AVE  
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: 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: \_\_\_\_\_  
(Sign in right-hand column of provisions of registered agent in the applicable block. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS  
1. TITLE: PD  
2. NAME: BOYTE, WILLIAM B  
3. STREET ADDRESS: 842 BRENTWOOD DR.  
4. CITY-STATE-ZIP: LAKE WALES, FL 00000  
5. TITLE: DV  
6. NAME: THOMPSON, RICHARD  
7. STREET ADDRESS: 9 HILLCREST AVE  
8. CITY-STATE-ZIP: LAKE WALES, FL 00000  
9. TITLE: T  
10. NAME: KENSINGEN, HAROLD W.  
11. STREET ADDRESS: 1109 TOWEN BLVD.  
12. CITY-STATE-ZIP: LAKE WALES FL  
13. TITLE: DS  
14. NAME: BOYTE, WILLIAM B JR.  
15. STREET ADDRESS: 1103 YARNELL AVENUE  
16. CITY-STATE-ZIP: LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE: 1.1 CHANGE: 1.2 ADDITION:  
2. NAME: 2.1 CHANGE: 2.2 ADDITION:  
3. STREET ADDRESS: 3.1 CHANGE: 3.2 ADDITION:  
4. CITY-STATE-ZIP: 4.1 CHANGE: 4.2 ADDITION:  
5. TITLE: 5.1 CHANGE: 5.2 ADDITION:  
6. NAME: 6.1 CHANGE: 6.2 ADDITION:  
7. STREET ADDRESS: 7.1 CHANGE: 7.2 ADDITION:  
8. CITY-STATE-ZIP: 8.1 CHANGE: 8.2 ADDITION:

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]* DATE: 2/14/95 FILING FEE: 74167.2557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)