

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

FILED

**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33853-4136
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3. Date Incorporated or Qualified 10/31/1968	3a. Date of Last Report 02/20/1996
4. FEI Number 59-1221822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYTE, WILLIAM B	12 NAME	
STREET ADDRESS	842 BRENTWOOD DR.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	14 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RICHARD	22 NAME	
STREET ADDRESS	9 HILLCREST AVE	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	24 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENSINGEN, HAROLD W.	32 NAME	
STREET ADDRESS	1109 TOWEN BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	34 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYTE, WILLIAM B JR.	42 NAME	
STREET ADDRESS	1103 YARNELL AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *William B. Boyte* DATE: **Jan 8, 1997** DAYTIME PHONE: **941-674-597**

CR2E034 (9/96)