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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 352574

(8)

R & W AUTO PARTS INC

Jan 17 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 11531 HWY 41 S P.O. BOX 1027 GIBINSTON FL 33534 GIBINSTON FL 33534-1027 US US				77				
					 Date Incorporated or Quality 09/22/1969 		ate of Last F 1 17/1996	Report
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number 59-1270740		h	oplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	# # # # # # # # # # # # # # # # # # #			ed S8.75 Additional Fee Required		
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Zip Country Zip		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre		100	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of Ne	w Registered	Agent	
TAN	INER,DONALD T			81 Name				
8620 MAGNOLIA DRIVE GIBSONTON FL 33534			Ì	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
OID	50(()0(()E 5555+			83				
				84 City		FL	. ' '	Code
11. Pursuant office or r agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the objustion of the control of the c	vwen pl	Sha	20 /	Uired when reinstaling)	DATE	-9-/	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	OFFICERS AND		
TITLE	PD	☐ DELETE	1.1 Tif	LE			Change	Addition
NAME	TANNER, DONALD T.		1.2 NA	ME				
STREET ADDRESS CITY-ST-ZIP	8620 MAGNOLIA DRIVE GIBSONTON FL			Y-ST-ZIP				
TITLE	VD	DELETE	2 1 111	LE			Change	Addition
NAME	TANNER,BETTY A		22 NA	ME				
STREET ADDRESS	8620 MAGNOLIA DRIVE		23 ST	REET ADDRESS				
CITY - ST - ZIP	GIBSONTON FL		2 4 Cf	TY-ST-ZIP				
TITLE	\$	DELETE	31 717	LE			Change	Addition
NAME	HODGE MRS		3.2 NA	ME				
STREET ADDRESS	112 KENNEDY BOULEVARD		3.3 ST	REET ADDRESS				
CITY-ST-7IP	TAMPA FL		3.4. CI	TY-ST-ZIP				
TITLE		☐ DELETE	4.1 70	LE			☐ Change	Addition
NAME			4. 2 N/	ME				
STREET ADDRESS			4.3 ST	REET ADORESS				
CHY-ST-ZIP			4.4 CII	Y-ST-ZIP				
TITLE		DELETE	5.1 TIT	LE			☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 \$1	REET ADDRESS				1
CITY-ST-ZIP			5.4 CII	Y-ST-ZIP				
TITLE		☐ DEFELE	6.1 TiT		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition
NAME			6 2 NA	ME				
STREET ADDRESS			6.3 \$1	REET ADDRESS				
CITY-ST-ZIP			•	Y-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 principal, or on an attachment with an address.

SIGNATURE:

CATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-9-77

873 697717