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 # **368306** **(7)**

1. Corporation Name

BEARINGS & PARTS WAREHOUSE, INC.

Principal Place of Business	Mailing Address
1807 N. TAMPA STREET TAMPA FL 33602	1807 N. TAMPA STREET TAMPA FL 33602

3. Date Incorporated or Qualified: **08/13/1970**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-1308482** ☐ 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 ☐ No

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

9. Name and Address of Current Registered Agent

JOHN R. LEWIS
333 SHORE DR. EAST
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 617.1505, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSVT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JOHN R		12 NAME		
STREET ADDRESS	333 SHORE DRIVE E.		13 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		14 CITY-ST-ZIP		
TITLE	~~S~~	☑ DELETE	21 TITLE	S	☒ Change ☐ Addition
NAME	~~GRANT, SHIRLEY~~		22 NAME	John R. Lewis	
STREET ADDRESS	~~11338 BLACKBARK DR.~~		23 STREET ADDRESS		
CITY-ST-ZIP	~~RIVERVIEW FL~~		24 CITY-ST-ZIP		
TITLE	~~S~~	☑ DELETE	31 TITLE	T	☒ Change ☐ Addition
NAME	~~DANIELS, BRENDA R.~~		32 NAME	John R. Lewis	
STREET ADDRESS	~~1002 E. ELLICOTT ST.~~		33 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~		34 CITY-ST-ZIP		
TITLE	~~T~~	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	JOHN R. LEWIS		42 NAME		
STREET ADDRESS	333 SHORE DR. EAST		43 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	V	☐ Change ☐ Addition
NAME			52 NAME	Dennis Kwiatkoski	
STREET ADDRESS			53 STREET ADDRESS	9815 OAKS ST	
CITY-ST-ZIP			54 CITY-ST-ZIP	TAMPA FL 33635	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ 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 is volunteered, furnished and 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 added to the report with an address.

SIGNATURE: John R Lewis **2/19/96** **813-223-5671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)