## 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 #
1. Corporation Name

392615

(1)

SUWANNEE AUTO PARTS, INC.

							16 J.J. 8787		A.) 1111 AV	
Principal Place of Business Mailing Address										
230 COUP LIVE OAK	rt street s.e. Fl 32060		230 COURT STREET S.E. LIVE OAK FL 32060							
						3. Date Incorporated or Qualified	3a. Dat	e of La	ist Report	<del></del>
9 Principal D	ace of Business	Co. Market Add				12/15/1971		04/1	8/1995	
21	ace or business	2a. Mailing Address			4. FEI Number Applied Fo					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-1369402   Not Applicable					
22		27	27			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	of French Complete Co.				
Zip	Country	Zip Country				Added to Fees				
24	25	29 30				8. This corporation has liability for Intangible tax under s 199.032, Florida Statutes X Yes \( \backslash \) No				
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R		Agent		
			81	1 [1	Name					
FRANKLIN, CARROLL C JR			82		Street Address (P.O. Box Number is Not Acceptable)					
RT 1 6	3OX 438				JII OGL AUGI 6.	as (r.o. box number is not Acceptable	Θ)			
LIVE C	OAK FL 32060		83	3						
			84	(	Dity		FL	85	Zıp Cod	le
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-	nan	ned corporat	ion submits this statement for the purp		. L	ito ropioto	rod office
or register familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authorized to 607 0505. Florida Statuto	zed by the corp	oora	ition's board	of directors. I hereby accept the appo	intment as	registe	red ageni	t. Lam
SIGNATURE	in a loop the obligations of, oet	atori dor.0300, Florida Statute	S.							
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (N	OTE Registered Age	nt sig	gristure required y	then reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN	i 12
Trile	PD	☐ DELETE	1. 1 TITLE					] Chan		Addition
NAME	CARROLL JR,CALVIN F		1.2 NAME						-	
STREET ADDRESS	ROUTE 1, BOX 438		1.3 STREE	T ADD	OPESS					
CITY-ST-ZIP	UVE OAK FL	1.4 CITY - 5	S1 - ZI	IP.						
TITLE	D	DELFTE				Change Addition				
NAME	CARROLL, RUTH RHOSHE	ELLE	2.2 NAME			•				
STREET ADDRESS	ROUTE 1, BOX 439		2.3 STREET	ADD	RESS					
CHY-ST-ZIP	LIVE OAK FL		2 4 CH1Y- S	7-20	P					]
THLE	VD	DELETE	3 1 TITLE					Chang	je 🔲 /	Add/tion
NAME DIGGET ADSPECTS	CARROLL, ANDREW B.		3.2 NAME							
STREET ADDRESS	ROUTE 1 BOX 439		3.3. STREE	TADD	)ress					
CITY-ST-ZIP TITLE	LIVE OAK FL	FT DELETE	3.4 CITY - S	1 - 716	Р					
NAME	STD	☐ DELETE	4. 1 TITLE					] Chang	}e □ #	Addition
	CARROLL, BRENDA SUE		4.2 NAME							Í
STREET ADDRESS CITY-ST-ZIP	ROUTE 1 BOX 438			4.3 STREET ADDRESS						
TITLE	LIYE OAK FL			4.4 CHY-ST-ZIP 5.1 TITLE						
NAME								] Chang	e 🗀 A	Addition
STREET ADDRESS			5.2 NAME							ļ
City-St-Zip			53 STHEET							
TITLE		DELETE	5.4 CHY-S 6. 1 TITLE	I - ZIP	<u></u>			1 00		249
NAME		L. Detell					L	] Chang	e LJA	Addition
STREET ADDRESS			6.2 NAME	1000	nenc					
CITY-ST-ZIP			6.3 STREET							
U U E. II			6.4 CITY - ST	i - ZIP	· I					1

14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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:

4-26-96 904-362-2481

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