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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 392615

(1)

SUWANNEE AUTO PARTS, INC.

Mailing Address Principal Place of Business 230 COURT STREET S.E. LIVE OAK FL 32080-3205 230 COURT STREET S.E. LIVE OAK FL 32060 3. Date Incorporated or Qualified 3a. Date of Last Report

FILED May 15 1997 8:00am Secretary of State

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						12/15/1971	05/	05/01/1996			
2, Principa	Prace of Business	28. Mailing Address			4. FEI Number			oplied For			
21	26					59-1369402		_ N	ot Applicable		
Suite Apt. # etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	M	V	Additional		
22 27						G. Commedic of States Desired	<i></i>		equired		
City & State						6. Election Campaign Financing	\$5.00 May Be				
23	28					Trust Fund Contribution	ليا	Added	to Fees		
Zip ""1	Country	Zιp		intry		8. This corporation has liability for			. 199.032.		
24	25	29	30					No	·····		
···	9. Name and Address of Currer	nt Registered Agent		B1	Name	10. Name and Address of New I	registered	Agent			
	RANKLIN, CARROLL C JR				- Hallie						
RT 1 BOX 438					82 Street Address (P.O. Box Number is Not Acceptable)						
LIVE OAK FL 32060				83							
				63							
				84	City			85 Zip	Code		
	mt to the provisions of Sections 607.050						<u> </u>	<u> </u>			
SIGNATUR	Land familiar with, and accept the oblig It. Sentates typed or profestionals of registered ag					sulred when reinstating)	DATE				
12.		ID DIRECTORS	13.	u rigo	The Organical Control	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12		
TII(f	PD	DELETI	1.1 T	TLE	T			Change	Addition		
NAME	CARROLL JR.CALVIN F		1.2 N	AME							
STREET ADDRES			1.3 S	TREET	ADDRESS						
C(IY+SI-Z)P	LIVE OAK FL		1.4.0	ITY-S	7-7IP						
THEF	D	DELETI			iii			Change	Addition		
NAMic	CARROLL, RUTH RHOSHELLE	•	2.2 N	AME			•				
STREET ADDRES	1	•	2.3 \$	TREET	ADDRESS						
City - St - 7iP	LIVE OAK FL		2 4 0	OTY-S	ST-ZIP						
THE	vo	DELET	311	ITLE				Change	Addition		
NAME	CARROLL, ANDREW B.		3.2 N	AME							
STREET ADDRES	· · · · · · · · · · · · · · · · · · ·		3.3 S	TREET	address						
COY-ST 201	LIVE OAK FL		3.4. (CITY - Ş	ST-ZIP						
TITLE	STD	DELET	4.1 T	ITLE				Change Change	Addition		
NAMI	CARROLL, BRENDA SUE		4.21	NAME	1						
STREET ADDRESS			4.3 S	TREET	ADDRESS						
C-1Y - ST - ZIP	LIVE OAK FL			ITY-S	1-7IP						
TILLF		☐ DELET	5.1 T	ITLE				Change	Addition		
NAMÉ			5.2 N	IAME		•					
SOREEL ADDRES	\$5		5.3 \$	TREET	ADDRESS						
CITY - ST - ZIP				ITY-S	T-ZIP						
Hick		☐ DELET	617	ITLE	[T			Change	Addition		
NAME			62 N	IAME							
STREET ADDRES	88		6.3 5	TREET	address						
CHTY - ST - ZIP			6.4 0	iTY-S	1 - 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 altachment with an address.