

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3: 21

DOCUMENT # 401862 (8)
1. Corporation Name
LARRY'S AUTO PARTS, INC

Principal Place of Business
**4107 HENDERSON BLVD
TAMPA FL 33629**

Mailing Address
**4107 HENDERSON BLVD
TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21	26
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country

3. Date Incorporated or Qualified **05/25/1972**

3a. Date of Last Report **02/23/1994**

4. FEI Number **59-1398353**

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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SAULS, JAMES L
6406 BOB HEAD RD
PLANT CITY, FL
33566**

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

11. Pursuant to the provisions of Sections 607.0503 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
Signature, Title or Period Name of registered agent and the date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	
NAME	SAULS, JAMES L	2. NAME	
STREET ADDRESS	6406 BOB HEAD RD	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	PLANT CITY, FL 00000	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	
NAME	SAULS, NANCY E	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6406 BOB HEAD RD	7. STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY, FL 00000	8. CITY, ST, ZIP	
TITLE		9. TITLE	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(g), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James L Sauls*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES L SAULS

2-17-95
813/289-4558