

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PH 3:11

DOCUMENT # **402764** (5)

1. Corporation Name
DISCOUNT AUTO PARTS, INC.

Principal Place of Business Mailing Address
4900 FRONTAGE RD., S. P.O. BOX 0000 LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/09/1972** 3a. Date of Last Report **02/17/1994**
4. FEI Number **59-1447420** 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 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 29 Country 30 Zip Country

9. Name and Address of Current Registered Agent
**FONTAINE, DENIS L
4900 FRONTAGE ROAD, SOUTH
LAKELAND FL 33802**

10. Name and Address of New Registered Agent
B1 Name **Peter J. Fontaine**
B2 Street Address (P.O. Box Number is Not Acceptable) **4900 Frontage Road South**
B3
B4 City **Lakeland** FL B5 Zip Code **33801**

11. Pursuant to the provisions of Sections 607.0502 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]* DATE **1/30/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SHATZER, WARREN
STREET ADDRESS	2302 FAIRMOUNT
CITY - ST - ZIP	LAKELAND FL
TITLE	PD
NAME	FONTAINE, DENIS
STREET ADDRESS	5934 PIER PLACE DR
CITY - ST - ZIP	LAKELAND FL
TITLE	SD
NAME	FONTAINE, PETER
STREET ADDRESS	5236 POST LN
CITY - ST - ZIP	LAKELAND FL
TITLE	CFO
NAME	PERKINS, WILLIAM
STREET ADDRESS	5026 GRAND BLVD.
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	WARDLOW, E.E.
STREET ADDRESS	3908 MT. VERNON DR.
CITY - ST - ZIP	BLOOMFIELD HILLS MI
TITLE	D
NAME	TUNSTALL, A. G
STREET ADDRESS	TUNSTAL CONSULT, INC. 13153 N. DALE MABRY
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
11 TITLE	D, V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Shatzer, Warren
13 STREET ADDRESS	2302 Fairmont
14 CITY - ST - ZIP	Lakeland, FL
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Delete
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	P, D, C <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Fontaine, Peter
33 STREET ADDRESS	5710 Coveview Drive
34 CITY - ST - ZIP	Lakeland, FL
41 TITLE	CFO, D, S, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Perkins, William
43 STREET ADDRESS	5026 Grand Blvd.
44 CITY - ST - ZIP	Lakeland, FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **1/30/95** TELEPHONE # **(813) 687-9226**
Signature and typed or printed name of signing officer or director