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**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 402764 (5)
1. Corporation Name
DISCOUNT AUTO PARTS, INC.



Principal Place of Business Mailing Address
**4900 FRONTAGE RD.S.
P.O.BOX 8080
LAKELAND FL 33801**

3. Date Incorporated or Qualified **06/09/1972** 3a. Date of Last Report **04/16/1996**
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. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FONTAINE, PETER J
4900 FRONTAGE ROAD SOUTH
LAKELAND FL 33801**

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHATZER, WARREN	
STREET ADDRESS	2302 FAIRMONT	
CITY- ST- ZIP	LAKELAND FL	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	FONTAINE, PETER	
STREET ADDRESS	5710 COVEVIEW DRIVE	
CITY- ST- ZIP	LAKELAND FL	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	PERKINS, WILLIAM	
STREET ADDRESS	5026 GRAND BLVD	
CITY- ST- ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARDLOW, E.E.	
STREET ADDRESS	3908 MT. VERNON DR.	
CITY- ST- ZIP	BLOOMFIELD HILLS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUNSTALL, A. G	
STREET ADDRESS	TUNSTAL CONSULT, INC. 13153 N. DALE MABRY	
CITY- ST- ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	CFO V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	C. MICHAEL MOORE
6.3 STREET ADDRESS	4900 FRONTAGE RD S.
6.4 CITY- ST- ZIP	LAKELAND, FL 33815

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 attachment with an address.

SIGNATURE: *C. Michael Moore* **C. MICHAEL MOORE** Date **4/29/97** (941) 204-2140

CR2E034 (9/96)