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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

4900 FRONTAGE RD..S.
P.O.BOX 8080
LAKELAND FL 33801

Mailing Address

4900 FRONTAGE RD..S.
P.O.BOX 8080
LAKELAND FL 33802-8080

3. Date Incorporated or Qualified
06/09/1972

3a. Date of Last Report
04/16/1996

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

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FONTAINE, PETER J
4900 FRONTAGE ROAD SOUTH
LAKELAND FL 33801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME SHATZER, WARREN
STREET ADDRESS 2302 FAIRMONT
CITY- ST- ZIP LAKELAND FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE PDC ☐ DELETE
NAME FONTAINE, PETER
STREET ADDRESS 5710 COVEVIEW DRIVE
CITY- ST- ZIP LAKELAND FL

2.1 TITLE DC ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE CFOD ☐ DELETE
NAME PERKINS, WILLIAM
STREET ADDRESS 5026 GRAND BLVD
CITY- ST- ZIP LAKELAND FL

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME WARDLOW, E.E.
STREET ADDRESS 3908 MT. VERNON DR.
CITY- ST- ZIP BLOOMFIELD HILLS MI

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME TUNSTALL, A. G
STREET ADDRESS TUNSTAL CONSULT, INC. 13153 N. DALE MABRY
CITY- ST- ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE CFO V ☐ Change ☒ 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

Date

Daytime Phone

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CR2E034 (9/96)