

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/09/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1447420	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OV	1.1 TITLE	Change Addition
NAME	SHATZER, WARREN	1.2 NAME	
STREET ADDRESS	2002 FAIRMONT	1.3 STREET ADDRESS	4900 Frontage Road South
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland FL 33815
TITLE	DC	2.1 TITLE	Change Addition
NAME	FONTAINE, PETER	2.2 NAME	
STREET ADDRESS	5710 COVEVIEW DRIVE	2.3 STREET ADDRESS	4900 Frontage Road South
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland FL 33815
TITLE	PD	3.1 TITLE	Change Addition
NAME	PERKINS, WILLIAM	3.2 NAME	
STREET ADDRESS	6020 GRAND BLVD	3.3 STREET ADDRESS	4900 Frontage Road South
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland FL 33815
TITLE	D	4.1 TITLE	Change Addition
NAME	WARDLOW, E.E.	4.2 NAME	
STREET ADDRESS	3008 MT. VERNON DR.	4.3 STREET ADDRESS	3008 Crib Place Drive
CITY-ST-ZIP	BLOOMFIELD HILLS MI	4.4 CITY-ST-ZIP	Las Vegas, NV 89134
TITLE	D	5.1 TITLE	Change Addition
NAME	TUNSTALL, A. G	5.2 NAME	
STREET ADDRESS	TUNSTAL CONSULT, INC. 13153 N. DALE MABRY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa Florida 33618
TITLE	CFOV	6.1 TITLE	Change Addition
NAME	MOORE, C MICHAEL	6.2 NAME	
STREET ADDRESS	4900 FRONTAGE RD S	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland Florida 33815

14. I 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 3/25/98 402764-9376

CR2E034 (10/97)