

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
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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 33801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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3. Date Incorporated or Qualified 06/09/1972	
4. FEI Number 59-1447420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE OV	<input type="checkbox"/> DELETE
NAME SHATZER, WARREN	
STREET ADDRESS 2002 FAIRMONT	
CITY-ST-ZIP LAKELAND FL	
TITLE DC	<input type="checkbox"/> DELETE
NAME FONTAINE, PETER	
STREET ADDRESS 5710 COVEVIEW DRIVE	
CITY-ST-ZIP LAKELAND FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME PERKINS, WILLIAM	
STREET ADDRESS 6028 GRAND BLVD	
CITY-ST-ZIP LAKELAND FL	
TITLE D	<input type="checkbox"/> DELETE
NAME WARDLOW, E.E.	
STREET ADDRESS 3008 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 CFOV	<input type="checkbox"/> DELETE
NAME MOORE, C MICHAEL	
STREET ADDRESS 4900 FRONTAGE RD S	
CITY-ST-ZIP LAKELAND FL	

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	4900 Frontage Road South
1.4 CITY-ST-ZIP	Lakeland FL 33815
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4900 Frontage Road South
2.4 CITY-ST-ZIP	Lakeland FL 33815
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4900 Frontage Road South
3.4 CITY-ST-ZIP	Lakeland FL 33815
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3008 Crib Place Drive
4.4 CITY-ST-ZIP	Las Vegas, NV 89134
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Tampa Florida 33618
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if an attachment with an address.

SIGNATURE *Michael Moore* *C Michael Moore* *Shatzer* *06/07-9776*

CR2E034 (10/97)