

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 412535 (7)**

1. Corporation Name  
**C & N AUTO PARTS UNLIMITED, INC.**



Principal Place of Business: 28384 U.S. HWY. 19 N. CLEARWATER FL 34621-2622  
Mailing Address: 28384 U.S. HWY. 19 N. CLEARWATER FL 34621-2622

3. Date Incorporated or Qualified: **11/09/1972**  
3a. Date of Last Report: **01/19/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number <b>59-1429587</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		Zip		Country		Zip		Country			

**9. Name and Address of Current Registered Agent**

**SIGVARTSEN, NEIL J**  
**28384 U.S. HWY. 19 NORTH**  
**CLEARWATER FL 34621-2622**

**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

**FL**

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGVARTSEN, NEIL J.	1.2 NAME	
STREET ADDRESS	3115 S. CANAL DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGVARTSEN, HAZEL H.	2.2 NAME	
STREET ADDRESS	212 PRESIDENT ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGVARTSEN, CARL E.	3.2 NAME	
STREET ADDRESS	1150 LAGOON RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Neil J. Sigvartsen* 2-29-96 813-796-1919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)