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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

412535

(7)

C & N AUTO PARTS UNLIMITED, INC.

Principal Piace of Business

Mailing Address

28384 U.S. HWY. 19 N. CLEARWATER FL 34621-2622

28384 U.S. HWY. 19 N. CLEARWATER FL 34621-262



CLEARWAII	ER FL 34621-2622	CLEARWATER FL 346	21-2622				
					3. Date Incorporated or Qualified 11/09/1972		Last Report /19/1995
ke en	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
[21]		26			59-1429587		Not Applicat
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zlp	Country	Zip	Cou	intry	8. This corporation has liability for i	ir tangible tax ı	
24	25	29	30			□ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	legistered Ag	jent
				81 Name			
SIGVARTSEN, NEIL J				<b>62</b> Street Add	dress (P.O. Box Number is Not Acceptab	do)	
	U.S. HWY. 19 NORTH			Olioei Adi	Siess (1.10) Box Horribor Is Hot Acceptab	nc)	
CLEAR	WATER FL 34621-2622			63			
				84 City			
				84 City		FI	85 Zip Code
11. Pursuant i	to the provisions of Sections 607,0503	and 607.1508, Florida Statute	s, the abo	ve-named corp	oration submits this statement for the pur	pose of chance	ing its registered off
familiar wi	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	ua. Such change was aumonze	RO DV IDA O	corporation's bo	pard of directors. I hereby accept the appo	ointment as re	gistered agent. I am
SIGNATURE .	Styriation, typed or printed harms of registered again	t and fills it poste state 8000	Ti Donatoros	Anna Contact		- <del> </del>	
12.		D DIRECTORS	13.	Agent signature requi	ADDITIONS/CHANGES TO OFF	CATE	IDEOTODO IN 40
TILF	PD	DELETE	1, 1 (	ITLE	ADDITIONS/CHANGES TO OFFI		Change   T   Addition
NAME	SIGVARTSEN, NEIL J.		1.2 N			<u>.</u>	change   Abolitor
STREET ADDRESS	3115 S. CANAL DR.			REET ADORESS			
CiTY+ST+ZiP	PALM HARBOR FL						
TIFLE	VD	☐ DELETE	2 1 1	TY-ST-ZIP			Channe ED Addition
NAME	SIGVARTSEN, HAZEL H.		2 2 NA			L	Change Addition
STREET ADDRESS	212 PRESIDENT ST.						
CITY - ST - ZIP	DUNEDIN FL			REET ADDRESS			
li'tE	STD		3 1 1	TY-ST-ZIP			ô
NAME	SIGVARTSEN, CARL E.	- Deterit	■ 3 I II			L	
	I OKTANTOCIA I MATER		2 2 4 4			. 🖂	Change
STREET ADDRESS			3 2 NA	IME .		, 🖂	Change [] Addition
STREET ADDRESS	1150 LAGOON RD.		3 3 S	IME TREET ADDRESS		. 🗆 (	Change [] Addition
STREET ADDRESS CITY-ST-ZP TITLE		<b>∏</b> DELETÉ	3 3 ST	AME THEET ADORESS TY-ST-ZIP			
CHY-SI-ZP THE	1150 LAGOON RD.	☐ DELETÉ	3 3 ST 3 4 CT	IME IREET ADDRESS TY-ST-ZIP TLE			Change Addition
CIY-\$1-7# TILE NAME	1150 LAGOON RD.	☐ DELETÉ	33 ST 34 CC 4. 1 TI 4 2 NA	IME THEET ADDRESS TY-ST-ZIP TLE			
C TY-ST-ZP THE NAME STREET ADDRESS	1150 LAGOON RD.	☐ DELETÉ	33 ST 34 CI 4.1 TI 42 NA 43 ST	INEET ADORESS  TY-ST-ZIP  TLE  IME  REET ADORESS			
C TY-ST-ZP THE NAM: STREET ADDRESS CITY-ST-ZIP	1150 LAGOON RD.		33 SI 34 CI 4.1 TI 42 NA 43 SI 44 CI	INE INEET ADDRESS IY-ST-ZIP TLE IMME REET ADDRESS IY-ST-ZIP			Change
C.TY+ST-7.P THE NAME STREET ADDRESS CHY+ST-7.P THE	1150 LAGOON RD.	☐ DELETE	33 Si 34 Ci 4.1 Ti 42 NA 43 ST 44 Ci 5 1 Ti	INEET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE			
C.TY+ST-ZP TITE NAME SINGET ANORESS CITY+ST-ZIP TITE NAME	1150 LAGOON RD.		33 Si 34 Cf 4.1 Ti 42 NA 43 ST 44 Cf 5 1 Ti 52 NA	INEET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME			Change
CITY-ST-ZP THE NAME SIMELLANDRESS CHY-ST-ZIP THE NAME SIPEELANDRESS	1150 LAGOON RD.		33 Si 34 Ci 4.1 Ti 42 NA 43 ST 44 Ci 5 1 Ti 52 NA 53 SI	IME INEET ADDRESS IY-S1-ZIP TLE IME REET ADDRESS IY-ST-ZIP TLE IME IME REET ADDRESS			Change
CITY-ST-ZP THE NAME SIMELLANDRESS CHY-ST-ZIP THE NAME SIPEELADDRESS CHY-ST-ZIP	1150 LAGOON RD.	☐ DEL€1E	33 SI 34 CI 4.1 TI 42 NA 43 ST 44 CI 5 1 TI 52 NA 53 ST 54 CII	IME IREET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP ILE MME REET ADDRESS ITY-ST-ZIP			Change Addition
CITY-SI-729 THE NAME SINGET ANDRESS CITY-SI-729 THE NAME SIMET ANDRESS CITY SI-729 THE	1150 LAGOON RD.		33 SI 34 CI 4 1 TI 42 NA 43 SI 44 CI 5 1 TI 52 NA 53 SI 54 CII	IME IREET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE			Change
CITY-SI-729 THE NAME SINGELADORESS CITY-SI-719 THE NAME SIMEELADORESS CRY SI-719 THEF NAME	1150 LAGOON RD.	☐ DEL€1E	33 SI 34 CI 4.1 TI 42 NA 43 ST 44 CI 51 TI 52 NA 53 SI 54 CI 61 TI 62 NA	IME INFEET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME ME ME ME ME ME			Change Addition
CITY-SI-729 THE NAME SINGET ANDRESS CITY-SI-729 THE NAME SIMET ANDRESS CITY SI-729 THE	1150 LAGOON RD.	☐ DEL€1E	33 S1 34 C1 4.1 T1 42 NA 43 S1 44 C1 51 T1 52 NA 53 S1 54 C1 61 T1 62 NA 63 S1	IME IREET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE			Change Addition

certify that the information indicated on this annual report or supplemental ennual 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 address.

SIGNATURE:

NATURE AND TYPES OF PAINTED NAME OF SIGNING OFFICER OF DIFFECTOR

J. Signarten 2-29-96 813-796-1919