

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

COPY - 1 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **425665** (7)

1. Corporation Name

**DARIO AUTO PARTS AND SUPPLIES, INC.**

Principal Place of Business

118 N DIXIE HWY  
LANTANA FL 33462

Mailing Address

118 N DIXIE HWY  
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/15/1973** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-1479976** 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 § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**BAYNES, LYNN D.  
118 NO. DIXIE HWY.  
LANTANA FL 33462**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 607.08(2) 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 607.08(2), Florida Statutes.

SIGNATURE

Agent for Registered Office/Registered Agent (Sign and Print Name)

Registered Agent (Sign and Print Name)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYNES, LYNN D.	2. NAME	
STREET ADDRESS	118 NO. DIXIE HWY.	3. STREET ADDRESS	
CITY, ST, ZIP	LANTANA FL	4. CITY, ST, ZIP	
TITLE	STD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, RICK	6. NAME	
STREET ADDRESS	118 NO. DIXIE HWY.	7. STREET ADDRESS	
CITY, ST, ZIP	LANTANA FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. The undersigned hereby certifies that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.05, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if made under oath. That I am an eligible member 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 1 of this filing. If changed, please offer consent with an address.

SIGNATURE: *Lynn D. Baynes* **LYNN D. BAYNES** 29 April 95 (407) 582-3367  
 SECRETARY AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR