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Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 426404

1. Corporation Name: CAL'S AUTO SUPPLY, INC

Principal Place of Business	Mailing Address
5111 N. 22ND ST.	SAME
TAMPA, FL, 33610	

2. Principal Place of Business: CAL'S AUTO SUPPLY	3. Date Incorporated or Qualified: 1974
21 TAMPA, FL	3a. Date of Last Report: 1996
Suite, Apt. #, etc. 22: 5111 N. 22ND ST.	4. FEI Number: 59-1461274 ☐ Applied For ☐ Not Applicable
City & State 23: TAMPA, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24: 33610 Country 25: HILLSBOROUGH	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
26 5111 N. 22ND ST.	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No
Suite, Apt. #, etc. 27:	
City & State 28: TAMPA, FL	
Zip 29: 33610 Country 30: HILLSBOROUGH	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: MICHAEL BOYLE
82 Street Address (P.O. Box Number is Not Acceptable): 15912 NOTTING HILL DR
83:
84 City: LUTZ, FL 85 Zip Code: 33549

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: Michael Boyle MICHAEL BOYLE 9-15-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL BOYLE		1.2 NAME	
STREET ADDRESS	15912 NOTTING HILL DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549		1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARY MORROW		2.2 NAME	
STREET ADDRESS	1800 ELMWOOD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 33557		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SUSAN MORROW		3.2 NAME	
STREET ADDRESS	1800 ELMWOOD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 33557		3.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHARON BOYLE		4.2 NAME	
STREET ADDRESS	15912 NOTTING HILL DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

9/19/97

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14. I do 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: Michael Boyle MICHAEL BOYLE 9-15-97 813-236-5512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #