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 # **433925** **(5)**

1. Corporation Name

SANFORD AUTO PARTS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1665 SANFORD FL 32772-8665	P. O. BOX 1665 SANFORD FL 32772-8665

3. Date Incorporated or Qualified: **07/23/1973**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1466476** ☐ 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 s. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LARSON, RALPH
115 W. 1ST STREET
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changed.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	LARSON, RALPH B.	
STREET ADDRESS	1700 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	☐ DELETE
NAME	LARSON, ANNE	
STREET ADDRESS	1700 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD, FL 00000	
TITLE	T	☐ DELETE
NAME	LARSON, ANNE	
STREET ADDRESS	1700 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	☐ DELETE
NAME	BLAKE, G.S.	
STREET ADDRESS	800 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	V	☐ DELETE
NAME	LARSON, SCOTT D	
STREET ADDRESS	1601 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Ralph B. Larson Pres. Ralph B. Larson 407-323-1673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

CR2E034 (12/95)