

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **444297**

(6)

1. Corporation Name

SHERWOOD AUTO PARTS, INC.

95 MAY - 1 PM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**7257 NEW KING ROAD
JACKSONVILLE FL 32219-3872**

Mailing Address:

**7257 NEW KING ROAD
JACKSONVILLE FL 32219-3872**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

2a. Mailing Address:

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 County

28 Zip

30 County

3. Date Incorporated or Quarter

01/17/1974

3a. Date of Last Report

07/25/1994

4. FEI Number

59-1501871

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. 190.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FRANKLIN, ROY LEE
2182 WEST 14TH STREET
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name

82 Street Address, if P.O. Box Number is Not Acceptable

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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, thereby accept the appointment as registered agent, and accept the obligations of Section 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	PD
NAME	FRANKLIN, ROY LEE
STREET ADDRESS	2182 W. 14TH ST.
CITY, ST., ZIP	JACKSONVILLE FL
NAME	D
NAME	FRANKLIN, BARBARA F.
STREET ADDRESS	2182 W. 14TH ST.
CITY, ST., ZIP	JACKSONVILLE FL
NAME	VD
NAME	FRANKLIN, CLYDE B.
STREET ADDRESS	5558 SOUTEL DR.
CITY, ST., ZIP	JACKSONVILLE FL
NAME	OT
NAME	FRANKLIN, MAJOR
STREET ADDRESS	8419 DUBLIN CT.
CITY, ST., ZIP	JACKSONVILLE FL
NAME	SD
NAME	FISHER, MAXINE
STREET ADDRESS	6234 WOODLAWN CT.
CITY, ST., ZIP	JACKSONVILLE FL
NAME	D
NAME	FRANKLIN, SHIRLEY
STREET ADDRESS	8419 DUBLIN CT.
CITY, ST., ZIP	JACKSONVILLE FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS, IF ANY

NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the recording exemption pursuant to Section 119.072(1)(b), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make under oath that I am an officer or director of the corporation or the registered agent for the corporation. This report is required by Chapter 447, Florida Statutes, and that my signature appears in Block 12 or Block 13 of this report, or on an affidavit with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR

4/30/95 904 764 1495