FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 477557 (3)

1. Corporation Name

LAWSON AUTO PARTS, INC.

Principal Place of Business	Mailing Address
1301 E. HWY 436 ALTAMONTE SPRINGS FL 32714-2738	1301 E. HWY. 436 ALTAMONTE SPRINGS FL 32714-2738

3. Date Incorporated or Qualified: 06/09/1975

3a. Date of Last Report: 05/24/1994

4. FEI Number: 59-1604241 — 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. Florida Statutes ☒ Yes ☐ No

2. Principal Office — 21, 22 Suite, Apt. # etc., 23 City & State, 24, 25 Zip

2a. Mailing Address — 26, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

MAHAFFEY, JOHN D., JR.
3438 LAWTON ROAD
ORLANDO FL 32256

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 607.0902 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VST	☐ Change ☐ Addition
NAME	LAWSON, PAMELA K.	
STREET ADDRESS	803 GREGORY LANE	
CITY ST ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD	☐ Change ☐ Addition
NAME	LAWSON, LARRY D.	
STREET ADDRESS	803 GREGORY LANE	
CITY ST ZIP	ALTAMONTE SPRINGS FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(k), Florida Statutes. I further certify that the information indicated on the 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: Pamela K. Lawson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (407) 339-6804

0036012 CP