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Mar 27 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 # 504398

(9)

1. Corporation Name

HYATT AUTO PARTS, INC.

Principal Place of Business

304 N STATE ST
BUNNELL FL 32110
US

Mailing Address

PO BOX 567
BUNNELL FL 32110-0567
US

3. Date Incorporated or Qualified

06/02/1976

3a. Date of Last Report

05/28/1996

4. FEI Number

59-1673642

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

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS, LINFORD D

~~345 MADISON AVE~~

~~BUNNELL, FLA~~

~~DAYTONA BEACH FL 32114~~

40 SOUTH SAINT ANDREW ST
ORMOND, FL 32174

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~RV~~ ~~GODBEE, ROGER D~~ ☒ DELETE
NAME
STREET ADDRESS ~~6840 STUART AVE~~
CITY-STATE-ZIP ~~JACKSONVILLE FL~~

TITLE ~~STD~~ ☐ DELETE
NAME
STREET ADDRESS ~~345 MADISON AVE~~
CITY-STATE-ZIP ~~DAYTONA BEACH FL~~

TITLE ~~Paul Johnson~~ ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ~~V~~ ☐ DELETE
NAME
STREET ADDRESS ~~304 N. STATE ST~~
CITY-STATE-ZIP ~~BUNNELL, FL 32110~~

TITLE ~~L. H. FERGUSON~~ ☐ DELETE
NAME
STREET ADDRESS ~~40 So SAINT ANDREW ST~~
CITY-STATE-ZIP ~~ORMOND, FL 32174~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ~~P.S.D~~ ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS ~~P.O. BOX 567-304 N. STATE ST~~
2.4 CITY-STATE-ZIP ~~BUNNELL, FL 32110~~

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Sandra B. Mortham Sandra B. Mortham (Linford D. Curtis) 1/7/97 904-672-3854

CR2E034 (9/96)