## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 510355

PLACID AUTO PARTS, INC.

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90075 021 \*\*\*150.00



Principal Place	e of Business	Mailing Address		T 180101 Gitt 11011 Boton (tres anno ant or	Bit didtt minit dibtt i	<b>DIG</b> II 91011 1981	
225 EUCALYPT	us st.	225 EUCALYPTUS ST.					
LAKE PLACID FL 33852 LAKE PLACID FL 33852				DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
•				3. Date Incorporated or Qualifed	nio or AGE		
	•			08/11/1976			Į
2 Principal D	lace of Business /	2a. Mailing Address	1 1	4. FEI Number		oplied For	l
	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	26 221 FUCA	Lyptus S:	59-1688634	<u> </u>	ot Applicable	
21 Suite, Apt. #, etc.   Suite, Apt. #, etc.			190105	\$8./5 A			i
22		27	<del></del>	5. Certificate of Status Desired	Fee Re	equired	ì-
City & State Placed FL 28 Lake Pla			id, FL	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May B Added to Feet		•	
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible		
24 33°E	352 25 115, H	29 3385 31	0 U.S.M.	Personal Property Tax.	☐Yes	□No	ĺ
	. 9. Name and Address of Current	t Registered Agent		10. Name and Address of New Register	ed Agent _		i
DI 0	THE ATTOUT I		81 Name				
	UNT, STEPHEN T		82 Street Ac	dress (P.O. Box Number is Not Acceptable)		,	
	CATFISH CREEK RD						ĺ
LAN	E PLACID FL 33852		83	•		ļ	ĺ
	•		84 City		[85 Zip	Code	
				-	-L   -   -	- intered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or im familiar with, and accept the obligat	nt Florida. Such change was autt	norized by the corbora	orporation submits this statement for the purpos- ation's board of directors. I hereby accept the ap-	pointment as re	egistered	
SIGNATURE		,	* 1	<u>.</u>			
<u> </u>	Signature, typed or printed name of registered agent		egistered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		100 IN 12	Ó
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	1
TITLE	PD	L] DECE IE	1.1 TITLE		_ ·		`
NAME	BLOUNT, STEPHEN T		1.2 NAME				5
STREET ADDRESS	247 CATFISH CREEK RD		1.3 STREET ADDRESS				5
CITY-ST-ZIP	LAKE PLACID FL ST	[1] DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition	١. ز
TITLE		Land Difference of the	2.2 NAME		_ ,	_	
NAME	Blount, Phyllis   247 Catrish Creek RD		2.3 STREET ADDRESS				
STREET ADDRESS	LAKE PLACID FL		2.4 CITY-ST-ZIP			_ <del>-</del>	==
CITY-ST-ZIP `	BAIL I BROID I E	☐ DELETE	3.1 TITLE		. ☐ Change	☐ Addition	1
NAME	:	<b></b>	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	*		3.4. CITY-ST-ZIP	•			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME	•			
STREET ADDRESS	•		4.3 STREET ADDRESS				
CITY-ST-ZIP	•		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				
OUTLAND .	J		6,4 CITY-ST-ZIP				ļ

14. I 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, with all other like empowered.