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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 518760

1. Corporation Name

CENTRAL MOTOR SUPPLY OF WILLISTON, INC.

Principal Place of Business Mailing Address						[125(3) prior (100) (41) [4310 6)			
1022 SW 112 S		1022 SW 112 ST							
GAINESVILLE FI	L 32607	GAINESVILLE FL 32607				DO NOT WRI	TE IN THIS	SPACE	
US	US				3. Date Incorporated or Qualifed	=			
						11/16/1976			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ar	plied For
21		26	•			59-1704831			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75	
27		27				b. Control of Carlos Bosines		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	to Fees
Zip —	Country	Zip	Country l	,		8. This corporation owes the curr	ent year Inta	ngible □Yes	No
24	[25]	29 30	J			Personal Property Tax. 10. Name and Address of New I	Registered A		A
	9. Name and Address of Currer	it Registered Agent	81	Nar	ne				
STANLEY, JAMES W. 1022 SW 112TH STREET			82	Stre	et Addre	ess (P.O. Box Number is Not Accept	able)		
GAINESVILLE FL 32607			83						
			84	City				85 Zip	Code
							<u>FL</u>	l í	
office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida. Such change was authorations of, Section 607.0505, Florida	onzed by Statutes	tne c	orporatio	when reinstating)	DATE		- J
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D DELETE 1.1 TI							☐ Change	☐ Addition
NAME	STANLEY, JAMES W.		12 NAME						
STREET ADDRESS				T ADDR	:ss				
CITY-ST-ZIP				14 CITY-ST-ZIP			_	F1.6:	
TITLE				2.1 TITLE				Change	☐ Addition
NAME	•		2.2 NAME						ĺ
STREET ADDRESS			2.3 STREE	TADDR	ESS				1
CITY-ST-ZIP				ST-ZIP			_	Change	Addition
TITLE	☐ DELETE 3.11							Change	[] Addition [
NAME			32 NAME						
STREET ADDRESS			3.3 STREE		ESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP			-	Change	Addition
TITLE	□ DELETE 4.1 π							change	
NAME			4.2 NAME						1
STREET ADDRESS			43 STREE		ESS				
CITY-ST-ZiP			4.4 CITY-S	ST-ZIP	-			☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE					- Cuende	
NAME		ļ	5.2 NAME	T ADDO	E 9 9				
STREET ADDRESS	1		5.3 STREE		-33				}
CITY-ST-ZIP		DELETE	5.4 CITY-9 6.1 TITLE	or-∠IP			-	Change	Addition
TITLE		. Dereie	O. I HILE						

CITY-ST-ZIP 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 truspee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS