

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 532955 (2)

1. Corporation Name
DEAN'S AUTO PARTS OF HOLLY HILL, INC.

Principal Place of Business 1519 RIDGEWOOD AVE HOLLY HILL FL 32117	Mailing Address 1519 RIDGEWOOD AVE HOLLY HILL FL 32117
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2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1977	3a. Date of Last Report 07/10/1994
4. FEI Number 59-1727467	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. 193.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**FORT, PATTI
1519 RIDGEWOOD AVE
HOLLY HILL FL 32017**

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. I have read the provisions of Sections 607.0405 and 607.1506, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office to the address indicated below 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 607.0405, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* **62495**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD ROLFE, IRENE 1519 RIDGEWOOD AVE HOLLY HILL FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
NAME	SD FORT, PATTI 1519 RIDGEWOOD AVE HOLLY HILL FL	4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	
NAME	TD FORT, RANDALL 1519 RIDGEWOOD AVE HOLLY HILL FL	7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	

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 619.07(1)(b), 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 remain the same until after this document is filed. That any officer or director of this corporation or the receiver or trustee designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the 607.0405, Florida Statutes, Chapter 607, Florida Statutes, and that my name appears in the 607.0405, Florida Statutes, Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* **62495 904-672-1112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR