

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murdick  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY - 1 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **537338** (6)

1. Corporation Name  
**GOLD HAT AUTO PARTS, INCORPORATED**

Principal Place of Business Mailing Address  
**HWY 71 N 201 LONG AVENUE**  
**WEWAHATCHKA FL 32465 PORT ST. JOE FL 32456**  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1977** 3a. Date of Last Report **04/15/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt #, etc. 26 Suits, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1740608** 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

9. Name and Address of Current Registered Agent

**LAMBERSON, C. R. JR.**  
**201 LONG AVENUE**  
**PORT ST. JOE FL 32456**

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 607.0502 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:

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **GODWIN, MAURICE L.**  
STREET ADDRESS **1021 MCCLELLAN AVE.**  
CITY ST ZIP **PORT ST. JOE FL**

TITLE **STD**  
NAME **LAMBERSON, C. R. JR.**  
STREET ADDRESS **113 BELLAMY CIRCLE**  
CITY ST ZIP **PORT ST. JOE FL**

TITLE **VD**  
NAME **LAMBERSON, C. R. SR.**  
STREET ADDRESS **143 WESTCOTT CIRCLE**  
CITY ST ZIP **PORT ST. JOE FL**

TITLE **VD**  
NAME **LAMBERSON, JEAN J.**  
STREET ADDRESS **143 WESCOTT CIR**  
CITY ST ZIP **PORT ST. JOE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(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 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(a) (added) or on an attachment with an address.

SIGNATURE:

*C. R. Lamberson*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/4/95

DATE

(90A) 229-8222

TELEPHONE NUMBER