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**Feb 21 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 # 537338 (6)
1. Corporation Name
GOLD HAT AUTO PARTS, INCORPORATED



Principal Place of Business Mailing Address
**HWY 71 N
WEWAHITCHKA FL 32465
US** **201 LONG AVENUE
PORT ST. JOE FL 32456-1703**

3. Date Incorporated or Qualified **07/01/1977** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-1740808** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**LAMBERSON, C. R. JR.
201 LONG AVENUE
PORT ST. JOE FL 32456**
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, MAURICE L.	1.2 NAME	
STREET ADDRESS	1021 MCCLELLAN AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. JOE FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERSON, C. R. JR.	2.2 NAME	
STREET ADDRESS	113 BELLAMY CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. JOE FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERSON, C. R. SR.	3.2 NAME	
STREET ADDRESS	143 WESTCOTT CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. JOE FL	3.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERSON, JEAN J.	4.2 NAME	
STREET ADDRESS	143 WESCOTT CIR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. JOE FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 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.

SIGNATURE: *C.R. Lamberson Sr.* **RECORDED** **LAMBERSON** 1/17/97 (904) 229-8222
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)