

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

FILED

Feb 07 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **537712**

(2)

1. Corporation Name

LABELLE AUTO PARTS, INC.

Principal Place of Business

**860 S MAIN ST
LABELLE FL 33935**

Mailing Address

**860 S MAIN ST
LABELLE FL 33935**

3. Date Incorporated or Qualified
06/22/1977

3a. Date of Last Report
02/07/1995

4. FEI Number

59-1752343

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUNER, JOHN J.
860 MAIN STREET
LABELLE FL 33935**

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 of person named in Section 11, Florida Statutes, if applicable

(None. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRUNER, JOHN J	
STREET ADDRESS	860 MAIN ST	
CITY-ST-ZIP	LA BELLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JAHNA, EMIL R	
STREET ADDRESS	BOX 553, 860 MAIN ST	
CITY-ST-ZIP	LA BELLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAHNA, III, E. R.	
STREET ADDRESS	860 MAIN ST	
CITY-ST-ZIP	LA BELLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAHNA, REBECCA S	
STREET ADDRESS	860 MAIN ST	
CITY-ST-ZIP	LA BELLE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ELBERT E	
STREET ADDRESS	860 S MAIN ST	
CITY-ST-ZIP	LA BELLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

Date

846750046

Daytime Phone #

CR2E034 (12/95)