

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 595947 (3)
1. Corporation Name
H & D AUTO PARTS COMPANY OF EUSTIS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
301 NORTH BAY STREET
EUSTIS FL 32726

Mailing Address
301 NORTH BAY STREET
EUSTIS FL 32726

3. Date Incorporated or Qualified 11/07/1978
3a. Date of Last Report 05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1865901

Applied For
Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23. Zip

24. Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under 1993
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, RANTSON E.
1321 WEST CITIZENS BLVD., SUITE F
LEESBURG FL 32748

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, 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 609, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

01. NAME
02. STREET ADDRESS
03. CITY, ST, ZIP
04. NAME
05. STREET ADDRESS
06. CITY, ST, ZIP
07. NAME
08. STREET ADDRESS
09. CITY, ST, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, ST, ZIP

01. NAME ☐ Change ☐ Addition
02. NAME ☐ Change ☐ Addition
03. NAME ☐ Change ☐ Addition
04. NAME ☐ Change ☐ Addition
05. NAME ☐ Change ☐ Addition
06. NAME ☐ Change ☐ Addition
07. NAME ☐ Change ☐ Addition
08. NAME ☐ Change ☐ Addition
09. NAME ☐ Change ☐ Addition
10. NAME ☐ Change ☐ Addition
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17. NAME ☐ Change ☐ Addition
18. NAME ☐ Change ☐ Addition
19. NAME ☐ Change ☐ Addition
20. NAME ☐ Change ☐ Addition
21. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. If the information is provided for the corporation or the name of the person designated to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1, of the report, I am attaching with this filing:

SIGNATURE:

Sharman D Dillard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharman D Dillard

Y-1076 (904)357-4668