

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 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 # 605956 (2)

1. Corporation Name  
BIG A AUTO PARTS, INC.



Principal Place of Business

Mailing Address

~~J FLAKE RD.~~  
~~HASTINGS FL 32145~~

~~P O BOX 885~~  
~~HASTINGS FL 32145-0885~~  
US

2. Principal Place of Business

21 117 Pleasant Dr.

Suite, Apt. #, etc.

22 City & State

23 East Palatka, FL

Zip

24 32131-6852

County

25 US

2a. Mailing Address

26 117 Pleasant Dr.

Suite, Apt. #, etc.

27 City & State

28 East Palatka, FL

Zip

29 32131-6852

Country

30 US

3. Date Incorporated or Qualified

01/01/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1873923

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

KEYSER, TIMOTHY  
501 ATLANTIC AVE.  
INTERLACHEN FL 32148

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME FAIT, E J  
STREET ADDRESS J FLAKE ROAD  
CITY-ST-ZIP HASTINGS FL

☐ DELETE

TITLE T  
NAME SCANLON, KEVIN  
STREET ADDRESS 51954 LILAC RD  
CITY-ST-ZIP SOUTH BEND IN

☐ DELETE

TITLE S  
NAME KEYSER, TIMOTHY  
STREET ADDRESS 501 ATLANTIC AVE.  
CITY-ST-ZIP INTERLACHEN FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 117 Pleasant Dr.  
1.4 CITY-ST-ZIP EAST PALATKA, FL 32131-6852

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 46628

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 in an attachment with an address.

SIGNATURE:

Kevin Scanlon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 (219)272 4666  
Date Daytime Phone #

CR2E034 (9/96)