

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 636247 (9)**

1. Corporation Name  
**MINNIES' AUTO PARTS & SERVICE, INC.**



Principal Place of Business  
**US 41 SOUTH  
PO BOX 906  
BROOKSVILLE FL 34605**

Mailing Address  
**US 41 SOUTH  
PO BOX 906  
BROOKSVILLE FL 34605**

3. Date Incorporated or Qualified **09/14/1979** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-1932018** 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 21 2a. Mailing Address 26

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

City & State 23 City & State 28

Zip 24 Country 25 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**

**MARILYN MINNIE  
1521 ARNOLD AVE.  
BROOKSVILLE FL 34601**

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City

85 Zip Code **FL**

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, or director, if applicable

(NOTE: Full name of registered agent required, when needed.)

Date

| 12. OFFICERS AND DIRECTORS |                           | DELETE                   |
|----------------------------|---------------------------|--------------------------|
| TITLE                      | <b>PT</b>                 | <input type="checkbox"/> |
| NAME                       | <b>MINNIE, DAVID J.</b>   |                          |
| STREET ADDRESS             | <b>21404 N. CANAL DR.</b> |                          |
| CITY - ST - ZIP            | <b>BROOKSVILLE FL</b>     |                          |
| TITLE                      | <b>VS</b>                 | <input type="checkbox"/> |
| NAME                       | <b>MINNIE, MARILYN</b>    |                          |
| STREET ADDRESS             | <b>1521 ARNOLD AVE.</b>   |                          |
| CITY - ST - ZIP            | <b>BROOKSVILLE FL</b>     |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY - ST - ZIP            |                           |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY - ST - ZIP            |                           |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY - ST - ZIP            |                           |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | DELETE                   | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |                          |
| 1.4 CITY - ST - ZIP                                   |  |                          |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |                          |
| 2.4 CITY - ST - ZIP                                   |  |                          |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |                          |
| 3.4 CITY - ST - ZIP                                   |  |                          |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |                          |
| 4.4 CITY - ST - ZIP                                   |  |                          |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |                          |
| 5.4 CITY - ST - ZIP                                   |  |                          |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 supplement 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: *David J. Minnie* 4/30/96 352-796-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)