

6-20-97 B- MC  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 JUN 20 AM 7:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 636247 (9)**  
 1. Corporation Name  
**MINNIES' AUTO PARTS & SERVICE, INC.**



Principal Place of Business Mailing Address  
**US 41 SOUTH PO BOX 906 BROOKSVILLE FL 34805**

3. Date Incorporated or Qualified **09/14/1979** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1932018</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

**MARILYN MINNIE  
 1521 ARNOLD AVE.  
 BROOKSVILLE FL 34801**

**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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>400002221074-0</b>
NAME	<b>MINNIE, DAVID J.</b>	1.2 NAME	<b>-06/24/97--01033--004</b>
STREET ADDRESS	<b>21404 N. CANAL DR.</b>	1.3 STREET ADDRESS	<b>*****8.75 *****8.75</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	1.4 CITY-ST-ZIP	<b>400002221074--0</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>-06/24/97--01033--003</b>
NAME	<b>MINNIE, MARILYN</b>	2.2 NAME	<b>*****150.00 *****150.00</b>
STREET ADDRESS	<b>1521 ARNOLD AVE.</b>	2.3 STREET ADDRESS	<b>400002221074--0</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	2.4 CITY-ST-ZIP	<b>-06/24/97--01033--005</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>*****6.25 *****6.25</b>
NAME		3.2 NAME	<b>*****8.75 *****8.75</b>
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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** *Marilyn Minnie* **Marilyn Minnie 2/13/97 796-4666** (352)

CR2E034 (9/96)