

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 US 41 SOUTH
 PO BOX 906 PO BOX 906
 BROOKSVILLE FL 34805 BROOKSVILLE FL 34805-0906

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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30
 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARILYN MINNIE
 1521 ARNOLD AVE.
 BROOKSVILLE FL 34801

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 DELETE
 NAME PT
 STREET ADDRESS MINNIE, DAVID J.
 CITY-ST-ZIP 21404 N. CANAL DR. BROOKSVILLE FL

TITLE DELETE
 NAME VS
 STREET ADDRESS MINNIE, MARILYN
 CITY-ST-ZIP 1521 ARNOLD AVE. BROOKSVILLE FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE 400002221074-0
 1.2 NAME -06/24/97--01033--004
 1.3 STREET ADDRESS *****8.75 *****8.75
 1.4 CITY-ST-ZIP 400002221074--0
 2.1 TITLE -06/24/97--01033--003
 2.2 NAME *****150.00 *****150.00
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP 400002221074--0
 3.1 TITLE -06/24/97--01033--005
 3.2 NAME *****6.25 *****6.25
 3.3 STREET ADDRESS *****8.75 *****8.75
 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)(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 2/13/97 796-4666 (352)

CR2E034 (9/96)