SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS FILED **DOCUMENT #** 650239 SEP -4 AM 7:51 CIRCLE W AUTO PARTS, INC. SECRETARY OF STAT Principal Place of Business Mailing Address 2200 S. PONCE DE LEON BLVD. P.O. BOX 1510 P.O. BOX 1510 P.O. BOX 1510 ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085 3. Date Incorporated or Qualified US 3a. Date of Last Report 01/04/1980 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-1966497 Suite, Apt. #, etc. Not Applicable Suite. Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 П Trust Fund Contribution Ζıp Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALL, LEROY E., JR. 81 Name 150 CALLE MENENDEZ 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32086 83 84 City 85 Zip Code 11. Fursuant 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Slignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TELF (3.6)DELETE 1.1 TITLE WALL, LEROY E, JR NAM-100001975 1.2 NAME 150 CALLE MENENDEZ STREET ADDRESS CR2E034 -10/15/96--01227--007 1.3 STREET ADDRESS ST AUGUSTINE, FL 00000 CHY-ST-ZF ****225.00 ****225.00 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BECKHAM, MELVIN W. NAME 22 NAME 231 N WHITNEY ST STREET ADDRESS 2.3 STREET ADDRESS ST AUGUSTINE, FL 00000 C174-\$1-Z1P 2.4 CITY-ST-ZIP THILE DELETE 3.1 TITLE Change Addition WALL, FREDA L NAME 3.2 NAME 150 CALLE MENENDEZ STREET ADDRESS 3.3 STREET ADDRESS ST AUGUSTINE, FL 00000 CITY-ST-ZIP 3.4. CITY - ST - ZIP Mif DELETE 4.1 TITLE Change Addition NAME WALL, GARY L. 4. 2 NAME 2895 JUAREZ AVE. STREET ADDRESS 4.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 THILE Change Addition NAME WALL, KERRY L. 5.2 NAME 115 QUEEN RD. STREET ADDRESS 5.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIE 54 CITY-ST-ZIP TITLE D DELETE 6 1 TITLE Change Addition WALL, LARRY L. NAME 6.2 NAME 3669 1ST STREET ADDRESS 6.3 STREET ADDRESS ST. AUGUSTINE FL 017Y-S1-7IP 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 suppliermental parties period period and accurate and that my signature shall have the same legal effect as if made under oath, that I am an office of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 to Block 13 if changed, or on an attachment with an addless. SIGNATURE: