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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

TILLI								
Mar 13 1998 8:00am								
Secretary of State								

EII ED

[1990	ETVISION OF		110110	}			
1	MENT # 65358 ERCIAL AUTO PARTS, INC	` '			+ (EBNA BNA) BNAC (NA) AND (BN) BNA BNA BNA		1811 8 1811 1881	
Diani- at Dia	and Divines	Marita dalah						
Principal Place of Business Mailing Address								
502 BRIDGER AUBURNDALE	75 AVE E FL 33823-3202	502 BRIDGERS AVE AUBURNDALE FL 33823	AUBURNDALE FL 33823-3202		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			7
2. Principal F	Place of Business	2a, Mailing Address			01/25/1980 4. FEI Number		Applied For	4
21	inde of paginoss	——————————————————————————————————————	26				Applied For Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	1
22		27			5. Certificate of Status Desired	Fee	Required	4
City & Stat	te	City & State			6. Election Campaign Financing		May Be	
23 Zip	Country	Zip	Coul	ntrv	Trust Fund Contribution		d to Fees	┨
24	25	29	30	,	, ,		☐ No	
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent		1
BO	OSTICK, R MARK			81 Name				
	2 BRIDGERS AVE		ţ	82 Street Add	dress (P.O. Box Number is Not Acceptable)			1
AU	ibu r ndale fl		ŀ	83				4
			1	03				
				64 City	FL	85 Zig	Code	1
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the at	ove-named cor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing	its registered	1
office or r	registered agent, or both, in the Stat am familiar with, and accept the obli-	te of Florida. Such change was gations of Section 607.0505. F	authorized lorida Stati	l by the corpora ites.	ation's board of directors. I hereby accept the ap	pointment a	is registered	
SIGNATURE		garano en acciner de l'idea (l'						1
Oldivatoric	Signature, typed or printed name of registered a			Agent signatura requ	vired when reinstaling) DATE			10
12. TITLE	OFFICERS AI	ND DIRECTORS DELETE	13.	(F	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO Change		CR2E034 (10/97
NAME	BOSTICK, GUY	☐ OELETE	1.7 (II	Į.		L] Ullange	☐ KUGIIIOII	15
STREET ADDRESS	502 BRIDGERS AVE			REET ADDRESS				ŝ
CITY-ST-ZIP	AUBURNDALE, FL 00000			Y-ST-ZIP				K
TITLE	VDT	DELETE	2.1 TIT			Change	Addition	Ö
NAME	JACOBS, MILTON E		2.2 NA	ME				
STREET ADDRESS	502 BRIDGERS AVE		2.3 ST					
CITY-ST-ZIP	AUBURNDALE, FL 00000	T an at a		TY-ST-ZIP		TT	T 7	1
TITLE	PD	[_] DELETE	3.1 TIT			L Change	Addition	
NAME OTREET ADDRESS	BOSTICK R. MARK 502 BRIDGERS AVE		3.2 NA					
STREET ADDRESS CITY-ST-ZIP	AUBURNDALE, FL 00000			REET ADDAESS TY-ST-ZIP				1
TITLE	S	DELETE	4.1 TeT			Change	Addition	1
NAME	READY, BILLY R		4.2 NA	ME				
STREET ADDRESS	502 E. BRIDGERS AVE.		4.3 ST	HEET ADDRESS				
CITY-ST-ZIP	AUBURNDALE FL		4.4 CrT	Y-ST-ZIP				
TITLE		DELETE	5.1 T(T	ı		☐ Change	Addition	
NAME			5.2 NA					1
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP LE		☐ Change	Addition	1
NAME		· · ·		ME				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP				
	certify that the information supplied	with this filing does not qualify f			Section 119.07(3)(i), Florida Statutes. I further c	ertify that th	e information]

14. I hereby certify that the information supplied with this filling 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 of 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 chanced, or in an attachment with an address.

CICALATURE

e Kken

BULD Dray Co

2/2/00 (04) 015-1.02