

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

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MAY -1 AM 4:21

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 679867 (2)

1. Corporation Name

C.B.S. AUTO PARTS, INC.

Principal Place of Business

**2671 OVERLAND RD
APOPKA FL 32703**

Mailing Address

**2671 OVERLAND RD
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2031589	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 management fees under ☐ 190.005, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**THATCHER, CARLETON
29420 DAVID COURT
TAVARES FL 32778**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of Agent or Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	THATCHER, CARLETON R.	1. NAME	
STREET ADDRESS	29420 DAVID COURT	1. STREET ADDRESS	
CITY, ST., ZIP	TAVARES FL	1. CITY, ST., ZIP	☐ Change ☐ Addition
TITLE		2. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST., ZIP		2. CITY, ST., ZIP	☐ Change ☐ Addition
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST., ZIP		3. CITY, ST., ZIP	☐ Change ☐ Addition
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST., ZIP		4. CITY, ST., ZIP	☐ Change ☐ Addition
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST., ZIP		5. CITY, ST., ZIP	☐ Change ☐ Addition
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST., ZIP		6. CITY, ST., ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law, has been filed in accordance with the Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation 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 or liquidator of the corporation and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE:

Carlton R Thatcher

CARLETON R THATCHER

4/11/95

(407) 293-4505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR