03-04-1999 90024 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 680756 AUTO PARTS, INC.	}				
Principal Place	of Rusiness	Mailing Address				
6621 W. GULF TO LAKE HWY. CRYSTAL RIVER FL 34429 6621 W. GULF TO LAKE HWY. CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429						DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed 08/01/1980
2 Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number Applied For
21	¬ ' — — — — — — — — — — — — — — — — — —					59-2019238 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$9.75 Additional
22	,	27				5. Certificate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing - \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
. 1	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
			1	81	Name	
vanness, thomas M. Jr. Esquire				82	Street A	Address (P.O. Box Number is Not Acceptable)
C/O VANNESS & VANNESS, PA						
	6206 W. CORPORATE OAKS DRIVE			83		
CRY	STAL RIVER FL 32629		ļ	84	City	85 Zip Code
						FL Solution FL Solution FL FL Solution FL Solution FL FL Solution FL
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statu	by ites.	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered agr	ND DIRECTORS	13,	Agen	n signature rec	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICERS A			1F		Change Addition
NAME	PANACCIONE, ROBERT J.		1.2 NA	-		
	4905 N SANDY PATH				ADDRESS	
STREET ADDRESS	CRYSTAL RIVER FL			1.4 CITY-ST-ZIP		
CITY-ST-ZIP	CHISTAL RIVER FL		2.1 TIT		1-ZIP	☐ Change ☐ Addition
TITLE			2.2 NA			_ ,
NAME					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP TITLE	****	□ DELETE	2, 4 Cf 3,1 TIT		11-2112	Change Addition
		<u></u>	3.2 NA			_ , _
NAME					ADDRESS	
STREET ADDRESS			3.4. Cl			,
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT		11-21	☐ Change ☐ Addition
Į.			4. 2 N			_,
NAME					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT		- LIF	☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS					ADDRESS	•
CITY-ST-ZIP			5.4 CF	ry-s	T-ZiP	
TITLE		☐ DELETE	6 1 TIT	ιE		Change Addition
NAME			6.2 NA	ME		

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP