

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90093 022 ***150.00

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1. Entity Name

CARQUEST AUTO PARTS OF BROOKSVILLE FL, INC.



Principal Place of Business

2635 E. MILLBROOK ROAD
RALEIGH, NC 27604

Mailing Address

P.O. BOX 26006
RALEIGH, NC 27611

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number

56-2265703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAVRACK, WAYNE D
STREET ADDRESS 2635 E. MILLBROOK ROAD
CITY-ST-ZIP RALEIGH, NC 27604

TITLE VD
NAME GARDNER, JOHN
STREET ADDRESS 2635 MILLBROOK ROAD
CITY-ST-ZIP RALEIGH, NC 27604

TITLE SD
NAME GARRISON, CHARLES E
STREET ADDRESS 2635 E. MILLBROOK ROAD
CITY-ST-ZIP RALEIGH, NC 27604

TITLE T
NAME GUIRLINGER, RICHARD
STREET ADDRESS 2635 MILLBROOK RD
CITY-ST-ZIP RALEIGH, NC 27604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON 4/7/04

Date

Daytime Phone #