FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

-1 AM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F09114** **(2)**

1. Corporate Name

INDUSTRIAL PARTS SUPPLY, INC.

Principal Place of Business	Mailing Address
115 INDUSTRIAL BLVD. P O BOX 6061 (32503 PENSACOLA FL 32505	115 INDUSTRIAL BLVD. P O BOX 6061 (32503 PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/15/1980**

3a. Date of Last Report: **07/20/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-2050994** ☐ 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MADDEN, JOSEPH T.
115 INDUSTRIAL BLVD.
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1905, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
41	DP	41	☐ Change ☐ Addition
42 NAME	MADDEN, JOSEPH TROY	42 NAME	
43 STREET ADDRESS	2340 SILVERSIDE LOOP	43 STREET ADDRESS	
44 CITY ST ZIP	PENSACOLA, FL 00000	44 CITY ST ZIP	
45	ST	45	☐ Change ☐ Addition
46 NAME	MADDEN, CAROL	46 NAME	
47 STREET ADDRESS	2340 SILVERSIDE LOOP	47 STREET ADDRESS	
48 CITY ST ZIP	PENSACOLA FL	48 CITY ST ZIP	
49		49	☐ Change ☐ Addition
50 NAME		50 NAME	
51 STREET ADDRESS		51 STREET ADDRESS	
52 CITY ST ZIP		52 CITY ST ZIP	
53		53	☐ Change ☐ Addition
54 NAME		54 NAME	
55 STREET ADDRESS		55 STREET ADDRESS	
56 CITY ST ZIP		56 CITY ST ZIP	
57		57	☐ Change ☐ Addition
58 NAME		58 NAME	
59 STREET ADDRESS		59 STREET ADDRESS	
60 CITY ST ZIP		60 CITY ST ZIP	
61		61	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Carol E. Madden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.95
Date

904-477-4738
Telephone Number

0387024 CP