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

DOCUMENT # F31646

CENTRAL AUTO AND INDUSTRIAL SUPPLY, INC.

•	ce of Business	Mailing Address			
208 HIGHWAY 29 SOUTH CANTONMENT FL 32533		208 HIGHWAY 29 SOUTH CANTONMENT FL 32533			
US		US		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	
2 Principal I	Place of Business	2a. Mailing Address		04/22/1981	
21	lace of business	26. Walling Address		4. FEI Number	Applied For
Suite; Apt	. #, etc.	Suite, Apt. #, etc.		59-2133163	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State	·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	_ Zip	Country	8. This corporation owes the current ye	
24	9. Name and Address of Curr		30	Personal Property Tax.	XiYes □No
	5. Italie and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Regist	tered Agent
	MNS, WILLIAM				
900 N. PALAFOX ST.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PÉN	ISACOLA FL 32501		83		美国新国际的
, -			74 0	· · · · · · · · · · · · · · · · · · ·	经信托 医阴影 國際
			84 City		B5 Zip Code
	* * · · *			•	FL
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statute	es the above named cor	poration submits this statement for the purpo	se of changing its registered
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli		es, the above-named con	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing its registered appointment as registered
11. Pursuant	am familiar with, and accept the obli	gations of, Section 607.0505, Flor	es, the above-named cor uthorized by the corporati ida Statutes.	tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
11. Pursuant office or agent. I a	am familiar with, and accept the obli-	gations of, Section 607.0505, Flor	es, the above-named cor uthorized by the corporati ida Statutes.	red when reinstating) DA	appointment as registered
11. Pursuant office or i agent. I a	am familiar with, and accept the obli-	gations of, Section 607.0505, Flor	es, the above-named corruthorized by the corporatida Statutes. Registered Agent signature required.	tion's board of directors. I hereby accept the	appointment as registered TE RS AND DIRECTORS IN 12
11. Pursuant office of a agent. I a SIGNATURE	signature, typed or printed name of registered a OFFICERS /	gations of, Section 607.0505, Flor gent and title of applicable. (NOTE: AND DIRECTORS	es, the above-named controlized by the corporation Statutes. Registered Agent signature requirements. 13. 1.1 TITLE	red when reinstating) DA	appointment as registered
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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.

6.4 CITY-ST-ZIP

SIGNATURE: V

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90035 010 ***150.00