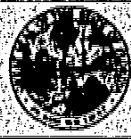


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra D. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 APR 11 PM 9:22

DOCUMENT # **F41302** (3)  
 1. Corporation Name  
**SARASOTA AUTO PARTS, INC.**

Principal Place of Business: 4159 SOUTH TAMiami TRIAL, SARASOTA FL 34231  
 Mailing Address: 4159 SOUTH TAMiami TRIAL, SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified: 09/01/1981		3a. Date of Last Report: 04/11/1994	
2. Principal Place of Business		4. FEI Number: 59-2118447	
21. Suite, Apt. #, etc.		Applied For: Not Applicable	
22. City & State		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country			
26. Zip			
27. Country			

9. Name and Address of Current Registered Agent  
**NELSON, JOHN E**  
**5502 SHADOW LAWN DR**  
**SARASOTA FL 34242**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BARBARA	1.2 NAME	
STREET ADDRESS	5502 SHADOW LAWN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, EDWARD S	2.2 NAME	
STREET ADDRESS	2250 GOLDEN ROD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JOHN E	3.2 NAME	
STREET ADDRESS	5502 SHADOW LAWN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: John E. Nelson **JOHN E. NELSON** 4/8/95 813.924.1334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR