

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90062 015 \*\*\*150.00

US53733

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F56474**

1. Corporation Name  
**SCULLEY AUTO PARTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 % THOMAS W. DRAWDY, JR.  
 419 SOUTH JEFFERSON ST.  
 MONTICELLO FL 32344

Mailing Address  
 % THOMAS W. DRAWDY, JR.  
 419 SOUTH JEFFERSON ST.  
 MONTICELLO FL 32344

3. Date Incorporated or Qualified  
**11/30/1981**

4. FEI Number  
**59-2142454**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**DRAWDY, THOMAS W., JR.**  
**419 S. JEFFERSON ST.**  
**MONTICELLO FL 32344**

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD SCULLEY, LEON W.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	705 FALCON DR	1.2 NAME	
STREET ADDRESS	THOMASVILLE GA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SCULLEY, LEON KEVEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	US 19 N	2.2 NAME	
STREET ADDRESS	MONTICELLO, FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD PORTER, KIMBERLEY S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7044 GA HWY 202	3.2 NAME	Kvistad, Kimberly S. Porter
STREET ADDRESS	THOMASVILLE GA	3.3 STREET ADDRESS	2432 Madison Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tifton, Georgia 31794
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Leon W. Sculley *Signature* 4-28-99 850-997-2526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)