

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:23

DOCUMENT # F84404

(5)

1. Corporation Name

MONKS AUTO PARTS, INC.

Principal Place of Business

**25 N SCENIC HWY
FROSTPROOF FL 33843**

Mailing Address

**25 N SCENIC HWY
FROSTPROOF FL 33843**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1982

3a. Date of Last Report

02/25/1994

4. FEI Number

59-2197648

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HITZING, E W
5433 BUFFALO AVE
JACKSONVILLE FL 32208**

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 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

Signature (typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when substituting)

(LAF)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
VD	HITZING, E W	5433 BUFFALO AVE	JACKSONVILLE, FL 00000
TD	DAVIS, RAYMOND	5433 BUFFALO AVE	JACKSONVILLE, FL 00000
SD	DAVIS, SHARON R	5433 BUFFALO AVE	JACKSONVILLE, FL 00000
PD	MONK, MARVETTE	5433 BUFFALO AVE	JACKSONVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	Change	Addition
				☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	Change	Addition
				☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	Change	Addition
				☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	Change	Addition
				☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	Change	Addition
				☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	Change	Addition
				☐	☐

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 199.032(4)(b), 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 it were made with my hand. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond C. Davis* **RAYMOND C. DAVIS, TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95 **9045530962**