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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F91439

(2)

LEESBURG AUTO PARTS, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						(1201155 5110 (a) 61 ((a)) 41 a) a	811 418 (1 87811 81811	31811 81911 1991
1412 W. GRIF	FIN RD.	1431 BEVERLY PT. RD.						
LEESBURG FL	. 34748	LEESBURG FL 34748				DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualified		
						07/20/1982		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26				59-2209808		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	 -1			5. Certificate of Status Desired		5 Additional
22		27						Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	·	00 May Be ed to Fees
Zip	Country		28			This corporation owes or has paid to		
24	25	29	30	,		Personal Property Tax due June 30		□ No
<u></u>	9. Name and Address of Curren		1221			10. Name and Address of New Regis	tered Agent	
RAI	LARD, WILLIAM			81	Name			
	2 W. GRIFFIN RD		ŀ	82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	SBURG FL 34748							
				83				1
				84	City		FL 85 Z	ip Code
44 0	the provisions of Costions 607.060	2 and 607 1609. Elorida Status	tor the at		named corn	poretion submits this statement for the purr	ose of changin	n its registered
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12,	OFFICERS AND		13.	, Age	it agriciore requi	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	DP	☐ DELETE					☐ Chan	ge Addition
NAME	BALLARD, WILLIAM		1.2 N					1;
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS				{
CITY-ST-ZIP	LEESBURG FL		1.4 CI	TY-ST	- ZIP			
TITLE	DS			TLE .			L. Chan	ge 🔲 Addition 🤇
NAME	BALLARD, MARY ANN		2.2 N					
STREET ADDRESS	1431 BEVERLY PT. RD.		2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	LEESBURG FL			TY-S	I - ZIP		Chan	ge Addition
TITLE		DELETE 3.11			.		L Chan	Re Magirian
NAME			3.2 NA		ADDRESS			
STREET ADDRESS				KEET / ITY-S'	ADDRESS T. 700			
CITY-ST-ZIP TITLE		DELETE	3.4. C		1-217		Chan	pe Addition
NAME		occ./t	4. 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				1Y-S1				
TITLE		DELETE	51 Ti				Chan	ge Addition
NAME			5.2 N/	5.2 NAME				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	ty-st	r-ziP			
TITLE		DELETE					Chan	ge 🔲 Addition
NAME			6.2 N/	AME				ļ
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP				TY-\$1		0-1-40 07/0/3 51 11 01 11	41	the inferredies
44 Iberehv (portion supplied the information supplied w	ith this filing does not qualify t	or the exe	amnt	ion stated in	Section 119.07(3)(i), Florida Statutes, I fur	mer certify that	trie information. I

Thereby settiny may the information supplied with this ning does not quality for the exemption stated in section 119.07(3)(). Florida Statutes, trurtner 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.