

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 23 PM 3: 23**

**DOCUMENT # F92401 (1)**

1. Corporation Name  
**ROBERT'S AUTO SUPPLY, INC.**

Principal Place of Business	Mailing Address
<b>% E.W. HITZING 325 6TH STREET, SW WINTER HAVEN FL 33980</b>	<b>% E.W. HITZING 325 6TH STREET, SW WINTER HAVEN FL 33980</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/28/1982</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>59-2206350</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HITZING, E W 5433 BUFFALO AVE JACKSONVILLE FL 32208</b>		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>

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 is not allowed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, WILLIE F</b>	1.2 NAME	
STREET ADDRESS	<b>325 6TH STREET SW</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>WINTER HAVEN, FL 00000</b>	1.4 CITY, ST, ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HITZING, E W</b>	2.2 NAME	
STREET ADDRESS	<b>5433 BUFFALO AVENUE</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE, FL 00000</b>	2.4 CITY, ST, ZIP	
TITLE	<b>DV</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HITZING, A G</b>	3.2 NAME	
STREET ADDRESS	<b>5433 BUFFALO AVENUE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE, FL 00000</b>	3.4 CITY, ST, ZIP	
TITLE	<b>DT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, RAYMOND</b>	4.2 NAME	
STREET ADDRESS	<b>5433 BUFFALO AVENUE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE, FL 00000</b>	4.4 CITY, ST, ZIP	
TITLE	<b>DS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, SHARON R</b>	5.2 NAME	
STREET ADDRESS	<b>5433 BUFFALO AVENUE</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE, FL 00000</b>	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 119.07, 908, 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 addition.

SIGNATURE: *Raymond C. Davis* **RAYMOND C DAVIS** Treasurer 2/20/95 904.353.0962  
(Signature and typed or printed name of signing officer or director)