

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000000053 (9)**  
1. Corporation Name

**MCCONNELLSBURG AUTO SUPPLY, INC.**

Principal Place of Business	Mailing Address
1333-1335 EISENHOWER BLVD. JOHNSTOWN PA 15904	1333-1335 EISENHOWER BLVD. JOHNSTOWN PA 15904-3306

3. Date Incorporated or Qualified 12/31/1992	3a. Date of Last Report 04/24/1996
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.

4. FEI Number	Applied For
23-1394096	Not Applicable

22	City & State	27	City & State
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5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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23	Zip	Country	28	Zip	Country
24		25	29		30

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent	
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

WEYANT, RICHARD	81 Name
2129 RINGLING BLVD.	82 Street Address
SARASOTA FL 34237	2129

10. Name and Address of New Registered Agent  
ACY, WILLIAM

83	
84	City <u>SAF</u>

29 RINGLING BLVD.

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 William Macy, VP DATE 4-25-97  
(NOTE: Registered Agent signature required when reinstating)

<b>12.</b>		<b>OFFICERS AND DIRECTORS</b>		<b>13.</b>		<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	DST	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

NAME	SCHONEK, WILBUR E
STREET ADDRESS	305 FRANKLIN ST.
CITY - ST - ZIP	JOHNSTOWN PA 15907

1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, MILTON H	
STREET ADDRESS	786 N. EDGEWOOD AVE.	

2.1 TITLE	DP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	GALAYDA, ROBERT		
2.3 STREET ADDRESS	1335 EISENHOWER BLVD		

CITY - ST - ZIP	SOMERSET PA 15501	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WEYANT, RICHARD	

2.4 CITY-ST-ZIP	JOHNSTOWN, PA 15904	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	WETZEL, RICHARD
STREET ADDRESS	4012 MAVERICK AVE.
CITY - ST - ZIP	SARASOTA FL 34233
TIME	MD
	DELETE

3.2 NAME	THOR, WILLIAM
3.3 STREET ADDRESS	2129 RINGLING BLVD.
3.4 CITY - ST - ZIP	SARASOTA, FL 34237

TITLE	VP	<input type="checkbox"/> DELETE
NAME	EVANS, JOHN D	
STREET ADDRESS	BOX 142 N/A	

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

CITY - ST - ZIP	LISTIE PA 15549	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOGUE, WILLIAM	

44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	

STREET ADDRESS	RD. 1, BOX 357	
CITY-ST-ZIP	BEDFORD PA 15522	
TITLE	D ASSISTANT S/T	<input type="checkbox"/> DELETE

5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

NAME GREEN, RICHARD J., JR  
STREET ADDRESS 305 FRANKLIN ST  
CITY- ST- ZIP JOHNSTOWN, PA 15907

6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST., ZIP	

14. I do 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 charged, or on an attachment with an address.

SIGNATURE: Robert Galayda ROBERT GALAYDA, Pres. 4-25-97

CR2E034 (9/96)