Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F9300000324

1. Corporation Name

Principal Place of Business

TAYLOR PARTS OF PENSACOLA PAINT, INC.

2635 MILLBROOK ROAD RALEIGN NC 27604		2635 MILLBROOK ROAD RALEIGN NC 27604			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					01/25/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
n		26			59-3158208	<del></del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired [	, , , , , , , , , , , , , , , , , , ,	Additional equired
22		27]					
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country		28 Zip	Zip Country		This corporation owes the current		10,1000
24	25 29 30		_ ·		Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg	istered Agent	
			81	Name	_		j
	PRENTICE-HALL CORPORATION HAYS STREET	SYSTEM, INC.	STEM, INC.		et Address (P.O. Box Number is Not Acceptable)		
SUIT		-	<u> </u>				
	AHASSEE FL 32301		83				
,,			84	City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0502	2 and 607.1508. Florida Statutes.	the abov	e-named o	corporation submits this statement for the pu	rpose of changing its	s 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.							
- 5	it fairmar with, and occept the obligat	,010 01, 00011011 007.0000, 1 101101					Ì
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Age	nt signature re	quired when reinstating)	DATE	
12.	. OFFICERS AND DIRECTORS		13.	·			
TITLE	P	DELETE 1.1 T			President	Change	☐ Addition
NAME	SCHEPPER, RANDY	1.2 NA			Frederick S. Kotcher 2635 Millbrook Rd.		(
STREET ADDRESS	40 INDUSTRIAL BLVD.	1.3 ST		TADDRESS	Raleigh, NC 27604		
CITY-ST-ZIP	PENSACOLA FL 32503			T-ZIP	Naleigh, No 27 004	Change	☐ Addition
TITLE	_		2.1 TITLE			[_] Change	☐ Addition
NAME	EATINON, WATER		2.2 NAME	ļ			
STREET ADDRESS	2000 MILLED TO OTT THE ID		2.3 STREE	T ADDRESS			)
CITY-ST-ZIP	70 (20-0-1) 110 0-100		2.4 CITY-	ST-Z3P			Addition
TITLE			3.1 TITLE	Ì		Change	Addition
NAME	CONTINOCTA, CONTILEO E		3.2 NAME	-			1
STREET ADDRESS	2635 MILLBROOK ROAD		1	T ADORESS			Į
CITY ST-ZIP	101221-1110		3.4. CITY-1	ST-ZIP	Treasurer	Change	Addition
TITLE	100		4.1 TITLE		Richard B. Guirlinger		<b>X</b> 1/100110111
NAME	Bittatori, ootiit ti		4.2 NAME KI		2635 Millbrook Rd.		1
STREET ADDRESS	2000 INICEDITORY TIONS				Raleigh, NC 27604		
CITY-ST-ZIP	RALEIGH NC 27604	☐ DELETE	4.4 CITY- 5 5.1 TITLE	11-2119		Change	Addition
TITLE			5.1 HILE 5.2 NAME				
NAME				TADDRESS			)
STREET ADDRESS			5.4 CITY-5				
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE			Change	Addition
			6.2 NAME	)		_ •	
NAME STREET ADORESS				T ADDRESS			
STREET ADDRESS			6.4 CITY-5				ļ
CITY-ST-ZIP	Life that the information of malind with	th this filing does not quotify for th			in Section 119 07(3)(i) Florida Statutes I fu	other certify that the	information

I nereby 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 changes or on a attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES E. GARRISON** SECRETARY

**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90052 008 \*\*\*150.00