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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F93000004123 (6)**

1. Corporation Name

**PORT CHARLOTTE AUTO SUPPLY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **2626 TAMIAMI TRAIL**<br>**PORT CHARLOTTE FL 33952** | **2626 TAMIAMI TRAIL**<br>**PORT CHARLOTTE FL 33952** |

3. Date Incorporated or Qualified: **09/03/1993**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0425844** ☐ 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. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

~~CROWE, HOWARD~~ MARTIN JONES
1090 RAINES STREET
JACKSONVILLE FL 32055

10. Name and Address of New Registered Agent

81 Name: MARTIN H. JONES
82 Street Address (P.O. Box Number is Not Acceptable): 1090 HAINES ST
83
84 City: JACKSONVILLE FL 85 Zip Code: 32055

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] Date: 4/12/96

| 12. OFFICERS AND DIRECTORS | | |
|---|---|---|
| TITLE | DP | ☐ DELETE |
| NAME | REILAND, THOMAS R | |
| STREET ADDRESS | 2626 TAMIAMI TRAIL | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | |
| TITLE | DD | ☐ DELETE |
| NAME | JONES, MARTIN H | |
| STREET ADDRESS | 17420 EQUESTRIAN TRAIL | |
| CITY-ST-ZIP | ODESSA FL 33556 | |
| TITLE | DV | ☐ DELETE |
| NAME | MITCHELL, PAUL | |
| STREET ADDRESS | 110 HEMMINGWOOD WAY | |
| CITY-ST-ZIP | ATLANTA GA 30350 | |
| TITLE | V | ☐ DELETE |
| NAME | SUSOR, ROBERT J | |
| STREET ADDRESS | 2999 CIRCLE 75 PARKWAY | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |
| TITLE | AS | ☐ DELETE |
| NAME | WEBB, BRAINARD T | |
| STREET ADDRESS | 2999 CIRCLE 75 PARKWAY | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | 500001786075<br>-04/18/96--01013--033<br>***200.00 | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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(3)(k), 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 address.

SIGNATURE: [signature] THOMAS R REILAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3.28.96 Daytime Phone #: 941 629 9000