

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**


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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 AUG 18 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **F93000004123 (6)**
1. Corporation Name
PORT CHARLOTTE AUTO SUPPLY, INC.

Principal Place of Business: **2826 TAMiami TRAIL, PORT CHARLOTTE FL 33952**
Mailing Address: **2826 TAMiami TRAIL, PORT CHARLOTTE FL 33952**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/03/1993**
3a. Date of Last Report: **04/18/1996**

4. FEI Number: **65-0425844**

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**JONES, MARTIN H
1090 HAINES STREET
JACKSONVILLE FL 32055**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0507 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	REILAND, THOMAS R	
STREET ADDRESS	2826 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	JONES, MARTIN H	
STREET ADDRESS	17420 EQUESTRIAN TRAIL	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MITCHELL, PAUL	
STREET ADDRESS	110 HEMMINGWOOD WAY	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUSOR, ROBERT J	
STREET ADDRESS	2999 CIRCLE 75 PARKWAY	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WEBB, BRAINARD T	
STREET ADDRESS	2999 CIRCLE 75 PARKWAY	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bret Baker
2.3 STREET ADDRESS	11718 N. Florida Ave
2.4 CITY-ST-ZIP	TAMPA, FL 33682
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mike Barbee
3.3 STREET ADDRESS	5420 Peachtree Ind. Blvd
3.4 CITY-ST-ZIP	Norcross GA 30071
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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08/26/97 01040 010
****165.00 ****165.00

8-14-97

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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 8-14-97 94116299000

CR2E034 (4/97)

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PORT CHARLOTTE AUTO SUPPLY INC.

2826 Tamiami Trail, Port Charlotte, FL 33952
(941) 629-9000

July 28, 1997

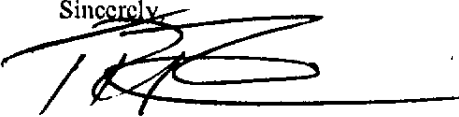
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: FEI # 65-0425844
Document # F93000004123 (6)

To Whom it May Concern:

Enclosed please find our check in the amount of \$165.00 for our 1997 Annual Report. We are asking that the \$385.00 late fee be credited due to the fact that we did not receive our first report. The payment was not intentionally overlooked, but an oversight due to the lack of notice. Please check our previous record, as you can see we always submit our report timely. We appreciated anything you can do to help in this matter. Please advise us of your decision. If you have any questions please contact me at the above number.

Sincerely,



Thomas R. Reiland
President

TRR/jh
Enclosures