

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1993	4. FEI Number 65-0425844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25	30 Country
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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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Martin H Jones* (NOTE: Registered Agent signature required when reinstating) DATE: **1/22/98**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	REILAND, THOMAS R	
STREET ADDRESS	2826 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTE FL 33952	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	BAKER, BRET	
STREET ADDRESS	11718 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL 33682	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARBEE, MIKE	
STREET ADDRESS	5420 PEACHTREE IND. BLVD.	
CITY-ST-ZIP	NORCROSS GA 30071	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 as an attachment with an address.

SIGNATURE: *Martin H Jones* DATE: **1/22/98** TELEPHONE: **904-354-7856**

CFR2094 (10/97)