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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002310

AUTO PARTS OF DAYTONA, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90117 045 ***150.00



Principal Place of Business Mailing Address				-	1 (00) 65 1518 FOIR1 OCHI BBRIL ODIN ODIN GONI OGNI OGNI OCHI OCHI OCHI OCHI OCHI OCHI OCHI OCH	BI 11811 0011 1001
1114 MASON AVENUE 1114 MASON AVENUE						
DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117					BO NOT WOUTE IN THE OPACE	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
O Delevisor D	lane of Divisions	De Moiling Address			05/11/1995 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address			" 	Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				OOOOTOTE	Additional	
22 27				LE Cartifonto of Status Desired	Required	
City & State City & State					6. Election Campaign Financing \$5.0	0 May Be
23 28		— ´				d to Fees
	Zip Country Zip		Country		8. This corporation owes the current year Intangible	
24	25 29 30]		Personal Property Tax.	□No
	9. Name and Address of Currer				10. Name and Address of New Registered Agent	,
			81	Name		
STONER, THOMAS W			82	82 Street Address (P.O. Box Number is Not Acceptable)		
1114 MASON AVENUE						
DAYTONA BEACH FL 32117			83			ĺ
			84	City	85 Z	p Code
			1	,	FL _	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corporation	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment as	its registered registered
SIGNATURE						
	Signature, typed or printed name of registered age			nt signature require	red when reinstating) DATE	TODO IN 40
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PDT	DECETE				
NAME	STONER, THOMAS W		1,2 NAME			
STREET ADDRESS			1.3 STREET			[
CITY-ST-ZIP			1,4 CITY-S 2,1 TITLE	1-212	☐ Chang	e
TITLE	_		2.2 NAME			
NAME	JONES, MARTIN H. 1090 HAINES STREET		2.3 STREET	LYDODEGG		
STREET ADDRESS			•	1	·	
CITY-ST-ZIP	JACKSONVILLE FL VD	□ DELETE	2.4 CITY-8	11-ZIP	Chang	e
NAME	BARBEE, MIKE		3.2 NAME			
STREET ADDRESS	5420 PEACHTREE INDUSTRIA	RIVD	3.3 STREE	(ADDRESS]
	NORCROSS GA	L DEAD	3.4. CITY-S			ţ
CITY-ST-ZIP TITLE	V	☐ DELETE	4.1 TITLE		☐ Chang	e Addition
NAME	SUSOR, ROBERT J		4, 2 NAME			
STREET ADDRESS		'		TADORESS		.]
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-S	j	·	
TITLE	AS	☐ DELETE	5.1 TITLE		Chang	e Addition
NAME	WEBB, BRAINARD T		5.2 NAME			i
STREET ADDRESS	2999 CIRCLE 75 PKWY		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-S	T-ZIP		<u>.</u> \
TITLE		☐ DELETE	6.1 TITLE		Chan	e 🗌 Addition
NAME			6.2 NAME			}
STREET ADORESS			6.3 STREE	T ADDRESS		İ
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		

14. I 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 of 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, of on an attachment with an accuracy with all other like empowered.

SIGNATURE:

DMAS W. STUMER