## 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 # F9500003436

CAROLIEST ALITO PARTS OF PALATKA FL. INC.

Principal Place of Business	Mailing Address
C/O GENERAL PARTS. INC. 2635 MILLBROOK RD RALEIGH NG 27604	C/O GENERAL PARTS. INC. 2635 MILLBROOK RD RALEIGH NC 27604

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

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Principal Place	e of Business	Mailing Address							1514 <b>0   0</b> 171 3 <b>0 0</b> 1
C/O GENERAL	PARTS, INC.	C/O GENERAL PARTS. INC							
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RALEIGH NC 27604 RALEIGH NC 27604						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			ŀ
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	lace of Business	2a. Mailing Address				**		<del>-</del>	<u> </u>
21		26				59-3321865		\$8.75	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			equired
City & State		City & State				A Fladin Connain Financia		\$5.00	
<u> </u>	e	28				6. Election Campaign Financing Trust Fund Contribution		Added	•
Zip	Country	Zip	Cour	ntrv		8. This corporation owes the curre	nt vear Int	<del></del>	
	25 Z5	29	30	,		Personal Property Tax.	in your nice	Yes	□No
24	9. Name and Address of Curre		100			10. Name and Address of New R	egistered /	Agent	-=
	5. Hallo dila Hadioa at Califo			81 t	Name				
THE	PRENTICE-HALL CORPORATIO	n system, inc.	L						
	HAYS STREET		ļ	82 5	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	E 105		+	83					
	AHASSEE FL 32301		L						
			ľ	84	City		FL	<b>85</b>   Zip (	Code
44 Durewant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statut	es the ah	nove-n	named corp	oration submits this statement for the		changing its	registered
office or n	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized	by the	e corporatio	on's board of directors. I hereby accep-	t the appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statu	tes.					1
SIGNATURE	Shearburg hand as printed name of maintained as	ant and title if applicable (NOTE	Denistered a	Agent sie	ignature required	d when reinstating)	DATE		
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·		Agent si	ignature required	d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	
12.	OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFF reasurer		D DIRECTO	DRS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	LE	T <sub>1</sub>	ADDITIONS/CHANGES TO OFF reasurer ichard B. Guirlinger			
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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON SECRETARY