

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

FILED
Jan 27 1998 8:00am
Secretary of State

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT-CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # F96000000255 (7)
 1. Corporation Name
CARQUEST AUTO PARTS OF THOMAS DR. FL, INC.



| | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Principal Place of Business % GENERAL PARTS, INC. 2635 MILLBROOK ROAD RALEIGH NC 27604 | Mailing Address % GENERAL PARTS, INC. 2635 MILLBROOK ROAD RALEIGH NC 27604 |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------------|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 30 Country |

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified 01/16/1996 |
| 4. FEI Number 59-3345324 |
| 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 |

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

| |
|--------------------------------------------------------------|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--------------------------------------------|
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | GARDNER, JOHN W | |
| STREET ADDRESS | 2835 MILLBROOK ROAD | |
| CITY-ST-ZIP | RALEIGH NC 27604 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | LAVRACK, WAYNE | |
| STREET ADDRESS | 2635 MILLBROOK ROAD | |
| CITY-ST-ZIP | RALEIGH NC 27604 | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAHAM, M.C. | |
| STREET ADDRESS | 2835 MILLBROOK ROAD | |
| CITY-ST-ZIP | RALEIGH NC 27604 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | KOTCHER, FREDERIC S | |
| STREET ADDRESS | 2835 MILLBROOK ROAD | |
| CITY-ST-ZIP | RALEIGH NC 27604 | |

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 | ange <input type="checkbox"/> Addition |
| 3.2 NAME | SECRETARY |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | ange <input type="checkbox"/> Addition |
| 4.2 NAME | CHARLES E. GARRISON |
| 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)(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, the recipient 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 of an attachment with an address.

CR2E034 (10/97)

[Handwritten signatures and initials]