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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000004138 (1)**

1. Corporation Name
GAINESVILLE AUTO SUPPLY, INC.

Principal Place of Business	Mailing Address
600 NE 23RD AVE GAINESVILLE FL 32609	600 NE 23RD AVE GAINESVILLE FL 32609-3708

3. Date Incorporated or Qualified: 08/13/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3385449 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MEEKS, GEORGE A
600 NE 23RD AVE
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: George A. Meeks — George Meeks — 4-14-97
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, PAUL		1.2 NAME	
STREET ADDRESS	110 HEMMINGWOOD WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30350		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, MARTIN H		2.2 NAME	
STREET ADDRESS	1742 EQUESTRIAN TR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MEEKS, GEORGE A		3.2 NAME	
STREET ADDRESS	600 NE 23RD AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MEEKS, KIMBERLY		4.2 NAME	
STREET ADDRESS	600 NE 23RD AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SUSOR, ROBERT J		5.2 NAME	
STREET ADDRESS	2999 CIR 75 PKWY		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, BRAINARD T JR		6.2 NAME	
STREET ADDRESS	2999 CIR 75 PKWY		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Kimberly Beaty — Kimberly Beaty — 4-14-97 — 352-336-8010