Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90052 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

| 1. Corporation                             | INTERNAL # F96000<br>EST AUTO PARTS OF DAYT         |                                   |                    |               |   |                     |                  |
|--|---|-----------------------------------|--------------------|---------------|---|---------------------|------------------|
|  |   |                                   |                    |               |   |                     |                  |
| Principal Place                            | e of Business                                       | Mailing Address                   |                    |               |   | . 44111 21211 19414 | 40,00 ((4) (400) |
| 2635 MILLBROOK RD 2635 MILLBROOK RD        |   |                                   |                    |               |   |                     |                  |
| RALEIGH NC 27604 RALEIGH NC 27604          |   |                                   |                    |               | DO NOT WRITE IN TH  | S SDACE             |                  |
|  |   |                                   |                    |               | 3. Date Incorporated or Qualified   | O OF ACE            | <del></del>      |
|  |   |                                   |                    |               | 09/16/1996  |                     |                  |
| 2. Principal P                             | lace of Business                                    | Za. Mailing Address               |                    | <del></del>   | 4. FEI Number   | - Ap                | plied For        |
| 21   |   | 26                                |                    |               | 59-3395892  | <del></del>         | t Applicable     |
| Suite, Apt.                                | #, etc.   | Suite, Apt. #, etc.               |                    |               |   | \$8.75              | Additional       |
| 22   |   | 27                                |                    |               | 5. Certifcate of Status Desired   | Fee Re              | equired          |
| City & Stat                                | e   | City & State                      |                    | <del>-</del>  | 6. Election Campaign Financing  | \$5.00              | May Be           |
| 23   |   | 28                                |                    | _             | Trust Fund Contribution   | Added               | to Fees          |
| Zip  | Country   | Zip                               | Count              | гу            | 8. This corporation owes the current year I   |                     |                  |
| 24   | 25  | 29                                | 30                 |               | Personal Property Tax.  | Yes                 | □No              |
|  | 9. Name and Address of Curren                       | t Registered Agent                |                    |               | 10. Name and Address of New Registere   | d Agent             |                  |
| TUE  | DEFITION HALL CORPORATION                           | LOVOTEN INC                       | 8                  | 1 Name        |   |                     |                  |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. |   |                                   |                    | 2 Street      | Address (P.O. Box Number is Not Acceptable)   |                     |                  |
| 1201 HAYS STREET                           |   |                                   | L                  |               |   |                     |                  |
| TALLAHASSEE FL 32301                       |   |                                   | 8                  | 3             | •   |                     |                  |
|  |   |                                   | 8                  | 4 City        |   | 85 Zip (            | Code             |
| '_ <del></del>                             |   |                                   |                    |               | F   | L                   |                  |
| office or a                                | egistered agent, or both, in the State :            | of Florida. Such change was aut   | thorized b         | v the com     | corporation submits this statement for the purpose coration's board of directors. I hereby accept the app | ointment as re      | gistered         |
| agent. I a                                 | m familiar with, and accept the obligation          | tions of, Section 607.0505, Flori | da Statute         | es.           |   |                     |                  |
| SIGNATURE                                  | Signature, typed or printed name of registered agen | and title if applicable (NOTS: 5  | Ponutarad An       | ant cionature | required when reinstating) DATE   |                     |                  |
| 12.  |   | D DIRECTORS                       | 13.                | on signature  | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTO          | RS IN 12         |
| TITLE                                      | TD  | DELETE                            |                    |               | Treasurer   | Change              | Addition         |
| NAME I                                     | GARDNER, JOHN W                                     |                                   | 1.2 NAME           | •             | Richard B. Guirlinger   |                     | 1                |
| STREET ADDRESS                             | 2635 MILLBROOK RD                                   |                                   | 1,3 STRE           | ET ADDRESS    | 2635 Millbrook Rd.  |                     | ,                |
| CITY-ST-ZIP                                | RALEIGH NC 27604                                    |                                   | 1,4 CITY-          |               | Raleigh, NC 27604   |                     |                  |
| TITLE                                      | VD  | ☐ DELETE                          | 2.1 TITLE          |               |   | ☐ Change            | Addition         |
| NAME I                                     | LAVRACK, WAYNE                                      |                                   | 2.2 NAME           |               |   |                     |                  |
| STREET ADDRESS                             | 2635 MILLBROOK RD                                   | * *                               |                    | ET ADDRESS    |   |                     |                  |
| CITY-ST-ZIP                                | RALEIGH NC 27604                                    |                                   |                    | -ST-ZIP       |   |                     |                  |
| TITLE                                      | S   | ☐ DELETE                          | 3.1 TITLE          |               |   | Change              | ☐ Addition       |
| NAME                                       | GARRISON, CHARLES E                                 |                                   | 3.2 NAME           |               |   |                     |                  |
| STREET ADDRESS                             | 2635 MILLBROOK RD                                   |                                   | 3.3 STREET ADDRESS |               |   |                     |                  |
| CITY-ST-ZIP                                | RALEIGH NC 27604                                    |                                   | 3.4. CITY-ST-ZIP   |               |   |                     |                  |
| TITLE                                      | Р   | ☐ DELETE                          | 4.1 TITLE          |               |   | ☐ Change            | Addition         |
| NAME                                       | KOTCHER, FREDERIC S                                 |                                   | 4, 2 NAME          |               |   |                     |                  |
| STREET ADDRESS                             | 2635 MILLBROOK RD                                   |                                   | 4.3 STREET ADDRESS |               |   |                     | ĺ                |
| CITY-ST-ZIP                                | RALEIGH NC 27604                                    |                                   | 4.4 CITY-          |               |   |                     |                  |
| TITLE                                      |   | DELETE                            | 5.1 TITLE          |               |   | ☐ Change            | Addition         |
| NAME                                       |   |                                   | 5.2 NAME           |               |   |                     |                  |
| STREET ADDRESS                             |   |                                   | 5.3 STRE           | ET ADDRESS    |   |                     | ,                |
| CITY-ST-ZIP                                |   |                                   |                    | ST-ZIP        |   |                     |                  |
| TITLE                                      |   | ☐ DELETE                          | 6.1 TITLE          |               |   | Change              | Addition         |
| NAME                                       |   |                                   | 6.2 NAME           | Ī             |   | -                   |                  |
| STREET ADDRESS                             |   |                                   | 6.3 STRE           | ET ADDRESS    |   |                     |                  |

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 of an attachment with an address, with all other like empowered.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON