

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003250 (4)**

1. Corporation Name

**WEST VOLUSIA AUTO SUPPLY, INC.**

Principal Place of Business

**128 SOUTH WOODLAND BLVD  
DELAND FL 32720**

Mailing Address

**128 SOUTH WOODLAND BLVD  
DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/20/1997**

4. FEI Number

**58-2307038**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

8. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**LACOUR, JOHN U  
128 S WOODLAND BLVD  
DELAND FL 32720**

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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LACOUR, JOHN U	
STREET ADDRESS	128 S WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARBEE, MIKE	
STREET ADDRESS	5420 PEACHTREE INDUSTRIAL BLVD	
CITY-ST-ZIP	NORCROSS GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUSOR, ROBERT J	
STREET ADDRESS	2999 CIRCLE 75 PARKWAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LACOUR, MADEON S	
STREET ADDRESS	128 SOUTH WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JONES, MARTIN H	
STREET ADDRESS	1090 HAINES STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WEBB JR, BRAINARD T	
STREET ADDRESS	2999 CIRCLE 75 PKWY	
CITY-ST-ZIP	ATLANTA GA	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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 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:

*John U. Lacour*

8/12/98 904-7344893

CR2E034 (10/97)