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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003250**

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**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

58-2307038

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD LACOUR, JOHN U**
STREET ADDRESS **128 S WOODLAND BLVD**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE
NAME **VD BARBEE, MIKE**
STREET ADDRESS **5420 PEACHTREE INDUSTRIAL BLVD**
CITY-ST-ZIP **NORCROSS GA**

TITLE ☐ DELETE
NAME **V SUSOR, ROBERT J**
STREET ADDRESS **2999 CIRCLE 75 PARKWAY**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE
NAME **T LACOUR, MADELO N S**
STREET ADDRESS **128 SOUTH WOODLAND BLVD**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE
NAME **SD JONES, MARTIN H**
STREET ADDRESS **1090 HAINES STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **AS WEBB JR, BRAINARD T**
STREET ADDRESS **2999 CIRCLE 75 PKWY**
CITY-ST-ZIP **ATLANTA GA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)