PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700004368

1. Corporation Name

CARQUEST AUTO PARTS OF ST. AUGUSTINE FL, INC.

									()0 	
Principal Place of Business Mailing Address						f IRBIISH IIIM IMIII IMBII AMIII AMIII	32(II 00III B)	1111 414 8 8 41	118 6118: 1811 1891	
% GENERAL PARTS. INC. 2635 MILLBROOK RD. RALEIGH NC 27604 % GENERAL PARTS. INC. 2635 MILLBROOK RD. RALEIGH NC 27604						DO NOT WRITE IN THIS SPACE				
						 Date incorporated or Qualified 08/19/1997 				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		$\overline{}$	Applied For	
						**			Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.	uite. Apt. #. etc.						5 Additional	
22		27			5. Certifcate of Status Desired		Fee	Required		
City & State		City & State		}	Election Campaign Financing Trust Fund Contribution		•	0 May Be d to Fees		
Zip	Country Zip Cou			7		8. This corporation owes the current year Intangity				
24	25	29 30				Personal Property Tax.				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					Name				ļ	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			82	;	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)			
TALLAHASSEE FL 32301			83	+						
			84	1	City		FL	85 Zi	ip Code	
		the char	<u></u>	named comer	ation cultimite this statement for the nu			its registered		
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									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.		D DIRECTORS	13.	ill Si	ignature required w	ADDITIONS/CHANGES TO OFFIC		D DIREC	TORS (N 12	
TITLE	P	DELETE	1,1 TITLE			7.00(1)01.01.01.01.01.01.01.01.01.01.01.01.01.0		☐ Chang		
NAME	KOTCHER, FREDERIC S	_	1.2 NAME							
STREET ADDRESS	2635 MILLBROOK RD.		1.3 STREE	ΤΔΤ	DORESS					
1	RALEIGH NC 27604		1.4 CITY-S							
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE	31-2				Chang	ge Addition	
NAME	LAVRACK, WAYNE D	<u>_</u>	2.2 NAME							
1	2635 MILLBROOK RD.		2.3 STREE		nnoess					
STREET ADDRESS	DATE OF THE PROPERTY OF THE PR		B .							
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 CITY-:	31-4	<u> </u>			Chang	ge ☐ Addition	
i i	1		3.2 NAME		-	•		_ `	_	
NAME	COSE MILLEDO OV DO		3.3 STREE		DODESS					
STREET ADDRESS	RALEIGH NC 27604		3.4. CITY-1		1					
CITY-ST-ZIP TITLE	T	DELETE	4.1 TITLE	31-2	ZIP			☐ Chang	ge 🔲 Addition	
NAME	GUIRLINGER, RICHARD B		4. 2 NAME			•				
STREET ADDRESS	***************************************		4.3 STREE		DDDESS				,	
1	RALEIGH NC 27604		4.4 CITY-S							
CITY-ST-ZIP TITLE	AS	OELETE	5.1 TITLE		<u> </u>			☐ Chang	ge	
NAME	COX, RICHARD A		5.2 NAME					•		
1	2635 MILLBROOK RD.		5.3 STREE		DDRESS					
STREET ADDRESS	RALEIGH NC 27604		5.4 CITY-S							
CITY-ST-ZIP	S	DELETE	6.1 TITLE					Chang	ge Addition	
TITLE	-		6.2 NAME							
NAME	GARRISON, CHARLES E		6.3 STREE		DORESS					
STREET ADDRESS	2635 MILLBROOK RD.		U.S. OTTALE							

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RALEIGH NC 27604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON SECRETARY

FILED

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Mar 03, 1999 8:00 am Secretary of State