

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90093 006 ***150.00

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1. Entity Name

CARQUEST AUTO PARTS OF ST. AUGUSTINE FL, INC.



Principal Place of Business

2635 MILLBROOK RD.
RALEIGH, NC 27604

Mailing Address

2635 MILLBROOK RD.
RALEIGH, NC 27604



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3463915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GARDNER, JOHN
2635 MILLBROOK ROAD
RALEIGH, NC 27604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LAVRACK, WAYNE D
2635 MILLBROOK RD.
RALEIGH, NC 27604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GUURLINGER, RICHARD B
2635 MILLBROOK RD.
RALEIGH, NC 27604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GARRISON, CHARLES E
2635 MILLBROOK RD.
RALEIGH, NC 27604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: _____

CHARLES E. GARRISON 4/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #