

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90052 023 \*\*\*150.00

DOCUMENT # F97000004370

1. Corporation Name

CARQUEST AUTO PARTS OF CHIEFLAND FL, INC.

Principal Place of Business

Mailing Address

% GENERAL PARTS, INC.  
2635 MILLBROOK RD.  
RALEIGH NC 27604

% GENERAL PARTS, INC.  
2635 MILLBROOK RD.  
RALEIGH NC 27604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

59-3463914

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> DELETE
NAME	KOTCHER, FREDERIC S	
STREET ADDRESS	2635 MILLBROOK RD.	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAVRACK, WAYNE D	
STREET ADDRESS	2635 MILLBROOK RD.	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GARDNER, JOHN W	
STREET ADDRESS	2635 MILLBROOK RD.	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUIRLINGER, RICHARD B	
STREET ADDRESS	2635 MILLBROOK RD.	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	COX, RICHARD A	
STREET ADDRESS	2635 MILLBROOK RD.	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARRISON, CHARLES E	
STREET ADDRESS	2635 MILLBROOK RD.	
CITY-ST-ZIP	RALEIGH NC 27604	

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, with all other like empowered.

SIGNATURE:

*Charles E. Garrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

CHARLES E. GARRISON 1/26/99 919-513-3230

CR2E034 (11/98)

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