

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97880

(1)

1. Corporation Name

GORMAN AUTO PARTS, INC.

Principal Place of Business

% THOMAS GORMAN
1512 BLOUNTSTOWN ST.
TALLAHASSEE FL 32304

Mailing Address

% THOMAS GORMAN
1512 BLOUNTSTOWN ST.
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/01/1982

4. FEI Number

59-2214352

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1512 Blountstown St

Suite, Apt. #, etc.

22

City & State

23 Tallahassee Fla

Zip

24 32304

Country

25 Leon

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28 Same

Zip

29 Same

Country

30 Leon

9. Name and Address of Current Registered Agent

GORMAN, THOMAS
1512 BLOUNTSTOWN ST.
TALLAHASSEE FL 32304

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE Y ☐ DELETE

NAME GORMAN, THOMAS M

CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE S ☐ DELETE

NAME GORMAN, JANICE L

STREET ADDRESS 1813 TRIMBLE ROAD

CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Owner ☐ Change ☐ Addition

1.2 NAME Gorman Thomas M

1.3 STREET ADDRESS 433 Meadow Ridge Drive

1.4 CITY-ST-ZIP Tallahassee FL 32312

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME Janice L Gorman

2.3 STREET ADDRESS 433 Meadow Ridge Drive

2.4 CITY-ST-ZIP Tallahassee Fla. 32312

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Thomas M. Gorman

Thomas M. Gorman

1-6-98

1685136

CR2E034 (10/97)