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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97880 1. Corporation Name

GORMAN AUTO PARTS, INC.								 	818 11 818 11 818 11	818#1 818 #1 1 8 #1	
Principal Place of Business Mailing Address							1 1041100 1110 10111 10011 1000		=,=(, =,= ,, = ,=,,	0.6 0.0 ,	
1512 BLOUNTSTOWN ST TALLAHASSEE FL 32304 US 1512 BLOUNTSTOWN ST TALLAHASSEE FL 32304 US						DO NOT W	RITE IN THE	S SPACE			
•		-					.	3. Date Incorporated or Qualife	ed		
	·							09/01/1982			
2. Principal P	lace of Business	2a. M	ailing Address					4. FEI Number		A	pplied For
21	•	26						59-2214352		N	ot Applicable
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired
City & Stat	le.		ity & State					6. Election Campaign Financin	g	\$5.00	May Be
23		28						Trust Fund Contribution	* D		to Fees
Zip .	Country	Zi	p	c	ountry	1		8. This corporation owes the co	ırrent year Ir		
24	25	29		30			[Personal Property Tax.		⊋ Yes	□No
	9. Name and Address of Current	t Register	ed Agent		0.4			10. Name and Address of Nev	v Registered	Agent	··-
GOB	RMAN, THOMAS				81	Name					
	2 BLOUNTSTOWN ST.				82	Street	Addres	s (P.O. Box Number is Not Acce	ptable)		
	LAHASSEE FL 32304				83	ļ					1
	D 1 0 10 0 0 0 1 0 0 0 0 1				03					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
					84	City			FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.	1508, Florida Statu	tes, the	above	e-named	corpora	ation submits this statement for the	ne purpose o	f changing its	registered
office or r	registered agent, or both, in the State of the first agent, or both, in the State of the first and accept the obligations.	of Florida. I tions of, Se	Such change was a ection 607.0505, Flo	authorize orida Sta	ed by stutes	the corpo	oration:	s board of directors. I hereby acc	ept the appo	intment as re	egistered
SIGNATURE											ł
SIGNATURE	Signature, typed or printed name of registered agent		plicable. (NOT	E: Registere	ed Agen		required w	hen reinstating)	DATE		
12.	OFFICERS AND		plicable. (NOTI	E: Registere	ed Agen		required w	hen reinstatling) ADDITIONS/CHANGES TO C	• •		
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14. Thereby 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 coporation of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90065 006 ***150.00