

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-22-2004 90094 012 \*\*\*150.00

**DOCUMENT # F99000005517**

1. Entity Name

CARQUEST AUTO PARTS OF TALLAHASSEE NORTH FL,  
INC.



Principal Place of Business

2635 MILLBROOK  
RALEIGH, NC 27604

Mailing Address

2635 MILLBROOK  
RALEIGH, NC 27604

**14005539**



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number

56-2160776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
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 PD  
NAME LAVRACK, WAYNE D  
STREET ADDRESS 2635 MILLBROOK ROAD  
CITY-ST-ZIP RALEIGH, NC 27604

TITLE V  
NAME KUYKENDALL, WILLIAM D  
STREET ADDRESS 2635 MILLBROOK ROAD  
CITY-ST-ZIP RALEIGH, NC 27604

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

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

TITLE T  
NAME GUIRLINGER, RICHARD B  
STREET ADDRESS 2635 MILLBROOK ROAD  
CITY-ST-ZIP RALEIGH, NC 27604

TITLE AS  
NAME JOHNSON, J. HINES  
STREET ADDRESS 2635 MILLBROOK ROAD  
CITY-ST-ZIP RALEIGH, NC 27604

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON

4/7/04

Daytime Phone #