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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F99451** **(9)**

1. Corporation Name
WEST LAKE AUTO PARTS, INC.

Principal Place of Business	Mailing Address
% LAYON F. ROBINSON II 442 OLD MAIN ST BRADENTON FL 34205	% LAYON F. ROBINSON II 442 OLD MAIN ST BRADENTON FL 34205-7821

3. Date Incorporated or Qualified: 09/09/1982
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26: P.O. Box 98 — Suite, Apt. #, etc. — 27 — City & State — 28: WIMAUMA FL — Zip — 29: 33598 — Country — 30: Hills.

4. FEI Number: 59-2216353 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON, LAYON F., II
442 OLD MAIN ST
BRADENTON FL

10. Name and Address of New Registered Agent

81 Name: LINDA G. PRATER
82 Street Address (P.O. Box Number is Not Acceptable): 1221 - Butch Cassidy Trl.
83
84 City: WIMAUMA FL 85 Zip Code: 33598

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: LINDA G. PRATER — Signature, type or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 3-4-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRATER, LINDA G	1.2 NAME	
STREET ADDRESS	1221 BUTCH CASSIDY TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	1.4 CITY-ST-ZIP	
TITLE	PSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PRATER, OWEN JAMES	2.2 NAME	
STREET ADDRESS	1221 BUTCH CASSIDY TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: LINDA G. PRATER 3/4/97 813-633-1868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0419721