

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H19872

(1)

1. Corporation Name

PAUL'S PARTS SOUTH, INC.



Principal Place of Business

Mailing Address

212 NORTH BARFIELD HIGHWAY  
PAHOKEE FL 33476

212 NORTH BARFIELD HIGHWAY  
PAHOKEE FL 33476

3. Date Incorporated or Qualified

09/06/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 125 S.E. AVE D

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Belle Glade FL

28 City & State

29 City & State

24 Zip

33430

25 Country

Palm Beach

29 Zip

30 Country

4. FEI Number

59-2441560

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

SASSER, FAITH  
212 N. BARFIELD HWY.  
PAHOKEE FL 33476

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 is required if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SASSER, FAITH  
STREET ADDRESS 212 NORTH BARFIELD HWY  
CITY - ST - ZIP PAHOKEE FL

TITLE V ☐ DELETE

NAME SASSER, J P  
STREET ADDRESS 212 N. BARFIELD HWY  
CITY - ST - ZIP PAHOKEE FL

TITLE ST ☒ DELETE

NAME SANDERS, DAVID  
STREET ADDRESS 272 PARKVIEW CT.  
CITY - ST - ZIP PAHOKEE FL

TITLE S ☐ DELETE

NAME LYNDA KIRCHMAN  
STREET ADDRESS 969 TABIT RD.  
CITY - ST - ZIP BELLE GLADE FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

1224 Stillwell Rd  
Belle Glade FL 33430

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

Date

407-996-7280

Daytime Phone #

CR2E034 (12/95)