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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 # **H27775** **(6)**

1. Corporation Name
PAGE BROS. AUTO SUPPLY, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 476 U.S. 27 SOUTH~~ PO Box 1116 U.S. 27 South ~~P.O. BOX 476 U.S. 27 S.~~ MAYO FL 32066 US	C/O RITCHIE PAGE ~~P.O. BOX 476 U.S. 27 S.~~ PO Box 1116 U.S. 27 South MAYO FL 32066-0476 US

2. Principal Place of Business 21 PO Box 1116	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/29/1984	3a. Date of Last Report 04/30/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2472400	☐ Applied For ☐ Not Applicable
City & State 23 Mayo, FL	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 32066 25 ~~US~~	Zip / Country 29 30	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	10. Name and Address of New Registered Agent
PAGE, RITCHIE L. U.S. 27 SOUTH MAYO FL 32066	81 Name: Page, Ritchie L 82 Street Address (P.O. Box Number is Not Acceptable): ~~Crawford St.~~ US. 27 South 83 84 City: Mayo FL 85 Zip Code: 32066

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, RITCHIE L.		1.2 NAME		
STREET ADDRESS	P.O. BOX 1116 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAYO FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, JOANNE		2.2 NAME		
STREET ADDRESS	P.O. BOX 1116 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAYO 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: Joanne Page Joanne Page 4/30/97 904-294-7834