FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H33516

(6)

FRUITVILLE AUTO SUPPLY, INC.

FILED
Apr 25 1997 8:00am
Secretary of State

Principal Plac	e of Business	Mail	Mailing Address				, 140:24, 2105 trass reist attat trass den dibit 61611 61611 61611 61611 61611				
C/O CHARLES A. HOEFLING 5678 FRUITVILLE ROAD. SUITE 16 SARASOTA FL 34232		5678	C/O CHARLES A. HOEFLING 5678 FRUITVILLE ROAD, SUITE 16 SARASOTA FL 34232-8400								
							3. Date Incorporated or Qualified 12/11/1984		e of Last F 0/1996	Report	
	Place of Business	2a. N	Mailing Address				4. FEI Number		TA A	pplied For	
21 26							59-2472831		N	ot Applicable	
Suite, Apt	#, etc		Suite, Apt, #, etc.				E. Cartificate of Status Desired		\$8.75	Additional	
22		27	27				5. Certificate of Status Desired	ليا	Fee R	equired	
City & Stat	e		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zφ	Country Zip			Country			8. This corporation has liability for in	tangible t	ax under a	s. 199.032,	
24	25	29		30] N₀		
PR F1 F1 M WESTERN (A.) Adv	Name and Address of Curre	nt Registe	red Agent				10. Name and Address of New Reg	istered A	gent		
STA	MPER, JR., THOMAS H.				81	Name					
	B FRUITVILLE RD., SUITE #16				82	Circot Ad	Idroop (D.O. Boy Number in Not Appendable	3			
SARASOTA FL 34232				ŀ	02	SHEEL AU	dress (P.O. Box Number is Not Acceptable)				
0, 11				ŀ	83				*		
				[84	City		FL	85i Zip	Code	
11 Purcuant	to the provisions of Sections 607.05	02 and 607	1509 Elorida Stati	ites the ab		namad aa	orporation submits this statement for the pu	<u> FL</u>		to reciptored	
Office or r	registered agent, or both, in the Stat	e of Florida	 Such change was 	authorized	lbν	the coroor	ration's board of directors. I hereby accept	the appo	intraent as	registered	
agent i a	m familiar with, and accept the oblig	gations of, S	Section 607.0505, F	Florida Statu	ntes		•			ŭ	
SIGNATURE											
12.	Signature, typed or printed name of registered as OFFICERS At				Aper	nt signature rec	quired when reinstating)	DATE			
11LF	D OFFICENS AL	DINECT	DELETE	13.			ADDITIONS/CHANGES TO OFFICE				
	STAMPER, MANDI S.		E DECEIE	1.1 T iT				L] Change	Addition	
NAME				1.2 NA							
STREET ADDRESS	5678 FRUITVILLE RD #16			1.3 STF	REET	ADDRESS					
CHY-ST-ZIP	SARASOTA FL	- 11		1.4 CIT		r-ZIP					
TITLE	D		☐ DELETE	2.1 TIT	LE			Ĺ	Change	Addition	
NAME	STAMPER, JR., THOMAS H.			2.2 NAI	ME						
STREET ADDRESS	5678 FRUITVILLE RD #16			2.3 STF	REET	ADDRESS					
CITY - ST - ZIP	SARASOTA FL			2.4 Ci	TY-S	7-ZIP					
TITLE	DST		DELETE	3 1 TITI	LE	1.		Ţ	Change	Addition	
NAME	Stamper, andrea L.			3.2 NA	ME						
STREET ADDRESS	5678 FRUITVILLE RD #16			3.3 STF	REET A	ADDRESS					
CHY-ST-7IP	SARASOTA FL			3.4. CIT	[Y-5]	T-ZIP					
TITLE			☐ DELETE	4.1 1111					Change	Addition	
NAME				4, 2 NA	ME			_	-		
STREET ADDIRESS				43 970	REFT	ADDRESS					
City - St - Zip				4.4 CiT							
TIFLE			DELETE	5.1 TiT		4.11		г	Change	Addition	
NAME				5.2 NA					- Stande	- radical	
						1000500					
STREET ADDRESS						ADDRESS					
CITY-S1-7IP			DELETE	5.4 CIT		- ZIP			Los	4 4 957	
TOLE			☐ DELETE	6.1 TITU				L	Change	Addition	
NAME				6 2 NA							
STREET ADDRESS				6.3 STR	EET /	ADDRESS					
CITY-ST-ZIP				6.4 CIT							
4.4 Lido horol	w cortifu that the information cumple	and cuites thatm	filing doop and aug	1:6 6 4			ad in Caption 440 07(0)(). Flavida Castatas	11 41 .			

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: THOMAS H. STAMPER, JR. JAMES H. STAMPER, JR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 371-4414

Daytime Phone #