

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

CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H65054 (9)

1. Corporation Name

TRI-CITI AUTOMOTIVE WAREHOUSE, INC.

Principal Place of Business

**6715 66TH ST. N.
P O BOX 519
PINELLAS PARK FL 34664**

Mailing Address

**6715 66TH ST. N.
P O BOX 519
PINELLAS PARK FL 34664**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/03/1985	3a. Date of Last Report 02/08/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2552854	Applied For ☐ Not Applicable ☐
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	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****CARLISLE, STEVEN D.
6715 66TH ST. N.
PINELLAS PARK FL 34665**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	CARLISLE, STEVEN D.	1.2 NAME	CARLISLE, STEVEN D.
STREET ADDRESS	224 POINCIANA LANE	1.3 STREET ADDRESS	3 HARBORSIDE DRIVE
CITY-ST-ZIP	HARBOR BLUFFS FL	1.4 CITY-ST-ZIP	BELLEAIR, FL 34616
TITLE	Treasurer	2.1 TITLE	☐ Change ☒ Addition
NAME	Bob Johnson	2.2 NAME	
STREET ADDRESS	4773 Berwyn Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34685	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	900001848359
STREET ADDRESS		6.3 STREET ADDRESS	-06/03/96--01056--019
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #