

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H86016 (3)**

**1. Corporation Name  
MAIN STREET AUTO PARTS, INC.**

**Principal Place of Business Mailing Address  
14355 NORTH MAIN ST. JACKSONVILLE FL 32218  
14355 NORTH MAIN ST. JACKSONVILLE FL 32218**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 11/19/1985  
3a. Date of Last Report 02/15/1994**

**4. FEI Number 59-2667889  
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**

**2. Principal Place of Business 2a. Mailing Address**  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **25** Country **29** Zip **30** Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KATZ, HARRY JR.  
337 EAST FORSYTH ST.  
JACKSONVILLE FL 32202**

**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** *Mary E Gray* *Mary E Gray* **3-17-95**  
(Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when registering.) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE D  
NAME GRAY, MARY E  
STREET ADDRESS 14355 N MAIN ST  
CITY-ST-ZIP JACKSONVILLE FL**

**1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

**TITLE D  
NAME MANGHAM, ALVIN J.  
STREET ADDRESS 14355 N MAIN ST  
CITY-ST-ZIP JACKSONVILLE FL**

**2.1 TITLE [X] Change [ ] Addition  
2.2 NAME James L HALL  
2.3 STREET ADDRESS 14355 N main st  
2.4 CITY-ST-ZIP JAX, FLA 32218**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
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 110.07(3)(b), 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:** *Mary E Gray* **3-17-95** **904-757-0811**  
(Signature and typed or printed name of signing officer or director) (Date) (Telephone #)

*Mary E Gray*