

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H93596 (5)

1. Corporation Name

TRAILERS AND PARTS DEPOT, INC.



Principal Place of Business

8504-A ADAMO DRIVE
TAMPA FL 33619
US

Mailing Address

1020 S. 86TH STREET
TAMPA FL 33619
US

3. Date Incorporated or Qualified

01/09/1986

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFANO, BENJAMIN J.
1020 S. 86TH ST.
TAMPA FL 33619

81 Name

RONALD E. ROBERTS

82 Street Address (P.O. Box Number is Not Acceptable)

1020 S. 86TH STREET

83

84 City

TAMPA

FL

85 Zip Code

33619

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

Chairman

Ronald E. Roberts

5/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTS JR., RONALD E.	
STREET ADDRESS	2621 CRESTFIELD DRIVE	
CITY-STATE-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, RONALD E.	
STREET ADDRESS	1020 S 86TH ST.	
CITY-STATE-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ALFANO, BENJAMIN J.	
STREET ADDRESS	1508-B SO. HOWARD AVE.	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, JUANITA	
STREET ADDRESS	1020 S. 86TH ST.	
CITY-STATE-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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

4/19/96

813-621-6968

CR2E034 (12/95)