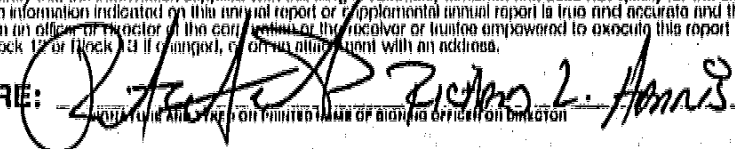


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J07224 (5)		FILED 95 JAN 25 PM 2:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ALLSTATE REPLACEMENT PARTS, INC.		DO NOT WRITE IN THIS SPACE.	
Principal Place of Business 1333 PINE AVE STE D ORLANDO FL 32824		Mailing Address 1333 PINE AVE STE D ORLANDO FL 32824	
2. Principal Place of Business 21		3a. Date of Last Report 03/04/1994	
22. Suite, Apt. #, etc. 22		3b. Date of Incorporation or Qualified 04/02/1986	
23. City & State 23		4. FBI Number 59-2655244	
24. Zip 24		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25. Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
26. Mailing Address 26		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No	
27. Suite, Apt. #, etc. 27		8. Name and Address of Current Registered Agent HARRIS, RICHARD L. 1333 PINE AVE. ORLANDO FL 32824	
28. City & State 28		9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
29. Zip 29		10. 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.	
30. Country 30		SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP DP HARRIS, RICHARD L. 1205 43RD ST. ORLANDO FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP DV MAZZOLA, JOHN 881 SILK OAK TERR. LAKE MARY FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition	
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)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.			
SIGNATURE:  Richard L. Harris 1/17/95 90-845-205			