

**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 # J07224 (5)**

1. Corporation Name

**ALLSTATE REPLACEMENT PARTS, INC.**



Principal Place of Business

**1333 PINE AVE STE D  
ORLANDO FL 32824**

Mailing Address

**1333 PINE AVE STE D  
ORLANDO FL 32824**

3. Date Incorporated or Qualified

**04/02/1986**

3a. Date of Last Report

**01/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1002 SAVAGE CT.**

26 **1002 SAVAGE CT.**

4. FEI Number

**59-2655244**

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

22 City & State  
**Longwood FLA.**

27 City & State  
**Longwood FLA.**

23 Zip Country  
**32750 USA**

28 Zip Country  
**32750 USA**

9. Name and Address of Current Registered Agent

**HARRIS, RICHARD L.  
1333 PINE AVE.  
ORLANDO FL 32824**

10. 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

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

Sign in the type or printed name of registered agent and state if allowable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **HARRIS, RICHARD L.**  
CITY-ST-ZIP **1205 43RD ST.  
ORLANDO FL**

12.2 TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **MAZZOLA, JOHN**  
CITY-ST-ZIP **861 SILK OAK TERR.  
LAKE MARY FL**

12.3 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.4 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.5 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.6 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)