AMOUNT DUE F COR ANNU	NOTICE: CORPORATION WILL BE ON OR BEFORE 87/96: \$225 (IF DISSO PROFIT PORATION JAL REPORT	FLORIDA DEPA Sandra Secret	R AUGUST 7, 1996. DUE TO REINSTATE: \$375.) ARTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUMENT # J11379 (1)					
WALKE	R'S AUTO SUPPLY, INC.			 	IA 1414 BIRIJ BIRIK BIRIK BIRIK BIRIK BIRIK BERK
Principal Place of Business Mailing Address				I I I RATUR ENEL MERRITUEN I MAIN AUD	
% DANNY C. WALKER % DANNY C. WALKER \$W CORNER OF US HWY 27 AND S.R. 47. PO BOX 308. FT WHITE, FL 32038 \$\text{308. FT WHITE, FL 32038}\$				Date Incorporated or Qualific 04/25/1986	
2. Principa: Pl	ace of Business	2a. Mailing Address		4. FEI Number	04/19/1995 Applied For
Suite, Apt	t oto	26		59-2641341	Not Applicable
22	•, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	7,7	6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , , ,
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability	Added to Fees for intang-ble tax under si 199.032.
24	9. Name and Address of Current	Pegistered Agent	30	Florida Statutes 10. Name and Address of New	Yes No
11. Pursuant to office or reagent ± an	BOX 308 WHITE FL 32028 of the provisions of Sections 607,0502 gistered agent, or both, in the State of n familiar with, and accept the obligati	r Florida Such change was a ons of Section 607.0505, File	authorized by the corporation orida Statutes	's board of directors. I hereby acc	FL 85 Zip Code purpose of changing its registered ept the appointment as registered
12.	Signar ne ity) co or protes came of registered agent OFFICERS AND		TE Registered Agent signature required 13.		FICERS AND DIRECTORS IN 12
TITLE	PD Walker, Danny C.	DELETE	1 1 TITLE		Change Addition
NAME STREET ADDRESS	RT 1, BOX 381		1 2 NAME 1 3 STREET ADDRESS		760
CITY - ST - ZIP	BRANFORD FL		1 4 CITY - ST-ZIP		
TITLE NAME	WALKER, SANDRA A.	L DÉLETE	2 1 TITLE 2 2 NAME		Change Addition C
STREET ADDRESS	RT 1, BOX 381		2 3 STREET ADDRESS		
CITY - ST - ZIP TITLE	BRANFORD FL	DELETE	2.4 C(TY - ST Z)P		
NAME		L. J DELL'IE	3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP		Change Addition
NAME			4 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS CITY+ST-ZIP			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		
THILE		DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6 3 STREET ADDRESS 6 4 CITY - S1 - ZIP		
14. I do hereby	certify that the information supplied virify that the information indicated on the	is annual renort or suppleme	rnished and does not qualify	l acquirate and that my areast was	to the constant and a second of the second o
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 logal 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address					
SIGNATURE: JOHN CWOKE 8356 901-497-4300					