

**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 # **J45504** (4)

1. Corporation Name  
**42ND ST AUTO WHOLESALERS, INC.**



Principal Place of Business: **1301 42ND ST NW WINTER HAVEN FL 33881**  
Mailing Address: **1301 42ND ST NW WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified: **12/05/1986** 3a. Date of Last Report: **02/09/1995**  
4. FEI Number: **59-2731739** 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: **1301 42ND ST NW WINTER HAVEN FL 33881**  
2a. Mailing Address: **1301 42ND ST NW WINTER HAVEN FL 33881**  
21. State, Apt. #, etc.: **FL 33881**  
22. City & State: **WINTER HAVEN FL**  
23. Zip: **33881** Country: **USA**  
24. Country: **USA**

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

**WALTERS, FLOYD D  
1301 42ND ST NW  
WINTER HAVEN FL 33881**

**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 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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: \_\_\_\_\_ (Date: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>PD WALTERS, FLOYD D.</b>	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>1301 NW 42ND ST NW WINTER HAVEN FL 33881</b>		1.2 NAME: _____	
12.3 CITY, ST, ZIP: <b>SD WALTERS, TERRI</b>	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS: _____	
12.4 NAME: <b>1301 42ND ST. N.W. WINTER HAVEN FL 33881</b>		1.4 CITY - ST - ZIP: _____	
12.5 STREET ADDRESS: _____	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 CITY, ST, ZIP: _____		2.2 NAME: _____	
12.7 TITLE: _____	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS: _____	
12.8 NAME: _____		2.4 CITY - ST - ZIP: _____	
12.9 STREET ADDRESS: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 CITY, ST, ZIP: _____		3.2 NAME: _____	
12.11 TITLE: _____	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS: _____	
12.12 NAME: _____		3.4 CITY - ST - ZIP: _____	
12.13 STREET ADDRESS: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 CITY, ST, ZIP: _____		4.2 NAME: _____	
12.15 TITLE: _____	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS: _____	
12.16 NAME: _____		4.4 CITY - ST - ZIP: _____	
12.17 STREET ADDRESS: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 CITY, ST, ZIP: _____		5.2 NAME: _____	
12.19 TITLE: _____	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS: _____	
12.20 NAME: _____		5.4 CITY - ST - ZIP: _____	
12.21 STREET ADDRESS: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 CITY, ST, ZIP: _____		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 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: *Terri Walters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

CR2E034 (12/95)