

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 # **J56971** (1)
1. Corporation Name
TAVERN STORES AUTO PARTS OF TAVERNIER, INC.



Principal Place of Business

**91860 S OVERSEAS HWY
P O BOX 1350
TAVERNIER FL 33070**

Mailing Address

**91860 S OVERSEAS HWY
P O BOX 1350
TAVERNIER FL 33070**

3. Date Incorporated or Qualified
02/13/1987

3a. Date of Last Report
07/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FET Number
59-2759694

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYNUM, GARY W. SR.
91860 S OVERSEAS HWY
TAVERNIER FL 33070**

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 607.0508, 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

Gary W. Bynum, Pres.

Date Registered Agent Signature Required (When Filing Report)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **BYNUM, GARY W., SR.**
STREET ADDRESS **91860 S. OVERSEAS HWY.**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **DV** ☐ DELETE
NAME **MCKENZIE, JOHN R.**
STREET ADDRESS **91860 S. OVERSEAS HWY.**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **DT** ☐ DELETE
NAME **MCKENZIE, GREG M.**
STREET ADDRESS **91860 S. OVERSEAS HWY.**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **DS** ☐ DELETE
NAME **BYNUM, MARLENE**
STREET ADDRESS **91860 S. OVERSEAS HWY.**
CITY-ST-ZIP **TAVERNIER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Gary W. Bynum, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/26/96 305/859-8544

CR2E034 (12/95)