

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K42441

(1)

1. Corporation Name

MANGHAM AUTO PARTS, INC.

Principal Place of Business

**12270 NEW KINGS ROAD
JACKSONVILLE FL 32219**

Mailing Address

**12270 NEW KINGS ROAD
JACKSONVILLE FL 32219**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/28/1988

3a. Date of Last Report

04/05/1994

4. FID Number

59-2928686

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. 192.032,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLANCE, WAYNE D., ESQ.
6353-2 ARGYLE FOREST BLVD.
JACKSONVILLE FL 32244**

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 607.01(3)(a) and 607.01(3)(b), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. No exchange was anticipated with the National Automated Corporation. I hereby accept this appointment as registered agent. I am licensed to practice law in the State of Florida. I am a resident of the State of Florida.

SIGNATURE

12. SIGNATURE OF REGISTERED AGENT

13. ADDITIONAL NAME AND ADDRESS OF REGISTERED AGENT

NAME

**DP
MANGHAM, EARL
12270 NEW KINGS RD.
JACKSONVILLE FL**

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

**VP
MANGHAM, KATHY
12270 NEW KINGS RD.
JACKSONVILLE FL**

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

**S
MANGHAM, MARY NELL
12270 NEW KINGS RD.
JACKSONVILLE FL**

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

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CITY

STATE

SIGNATURE:

Earl Mangham
SIGNATURE AND TYPE IN PRINT NAME OF REGISTERING OFFICER OR DIRECTOR

5/1/95 (904) 765-4242