



FILED  
Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 17 1997 8:00am Secretary of State	
DOCUMENT # K61704 (8)							
1. Corporation Name WILL SIZEMORE AUTO PARTS, INC.							
Principal Place of Business 926 BULLS BAY HWY JACKSONVILLE FL 32220				Mailing Address 926 BULLS BAY HWY JACKSONVILLE FL 32220-2513			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1989		3a. Date of Last Report 05/01/1996	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2932371		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WINKLER, JOHN S. 2515 OAK ST JACKSONVILLE FL 32204				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 _____ DATE _____ (Signature type the printed name of registered agent and for all applicable) (NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME 2. STREET ADDRESS 3. CITY-ST-ZIP 4. TITLE 5. NAME 6. STREET ADDRESS 7. CITY-ST-ZIP 8. TITLE 9. NAME 10. STREET ADDRESS 11. CITY-ST-ZIP 12. TITLE 13. NAME 14. STREET ADDRESS 15. CITY-ST-ZIP 16. TITLE 17. NAME 18. STREET ADDRESS 19. CITY-ST-ZIP 20. TITLE				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 was 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: X _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				X _____ Date _____ Daytime Phone: _____			