FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L82584** **(8)**

1. Corporation Name

MORRIS AUTO PARTS, INC.

Principal Place of Business	Mailing Address
C/O EDWIN KEITH SEGARS 5200 BEACH BOULEVARD JACKSONVILLE FL 32207	C/O EDWIN KEITH SEGARS 5200 BEACH BOULEVARD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1990**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-3016086** ☐ 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 is subject to provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEGARS, EDWIN KEITH
5200 BEACH BOULEVARD
JACKSONVILLE FL 32207

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 Section 607.0502 and/or 608.4101, Florida Statutes, the above named corporation submits the 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

12. OFFICER AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TYPE	PD		☐ Change ☐ Addition
NAME	SEGARS, EDWIN KEITH		
STREET ADDRESS	5200 BEACH BLVD.		
CITY ST ZIP	JACKSONVILLE FL		
TYPE	ST		☐ Change ☐ Addition
NAME	SEGARS, DEBRA LEE		
STREET ADDRESS	5200 BEACH BLVD.		
CITY ST ZIP	JACKSONVILLE FL		
TYPE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TYPE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TYPE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TYPE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			

14. I/We hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: *Edwin Keith Segars*

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0016220 CP