

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M74887** (4)

1. Corporation Name

**PREMIUM AUTO PARTS SUPERSTORES, INC.**



Principal Place of Business

Mailing Address

% MARY L. COLLUM  
~~1920 RICHBRIAR DR.~~  
MILTON FL 32570

% MARY L. COLLUM  
~~1920 RICHBRIAR DR.~~  
MILTON FL 32570

3. Date Incorporated or Qualified

04/01/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **5833 STEWART ST.**

26 **5833 STEWART ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MILTON, FL**

28 **MILTON, FL**

Zip

Country

Zip

Country

24 **32570**

25 **USA**

29 **32570**

30 **USA**

4. FEI Number

59-2881742

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

COLLUM, MARY L.  
~~1920 RICHBRIAR DR.~~  
MILTON FL 32570

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**5833 STEWART ST.**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **COLLUM, MARY L.**  
STREET ADDRESS **1920 RICHBRIAR DR.**  
CITY-ST-ZIP **MILTON FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **5833 STEWART ST.**  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **COLLUM, J. DAVID**  
STREET ADDRESS **1920 RICHBRIAR DRIVE**  
CITY-ST-ZIP **MILTON FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **5833 STEWART ST.**  
2.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **COLLUM, CHRISTOPHER D.**  
STREET ADDRESS **6582 JIMMY SELLARS RD.**  
CITY-ST-ZIP **JAY FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 904-623-2362

Date

Daytime Phone #

CR2E034 (12/95)