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 APR 21 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40678** **(5)**

1. Corporation Name

TRUCKPRO PARTS & SERVICE, INC.

Principal Place of Business	Mailing Address
8900 KEYSTONE CROSSING, SUITE 1150 INDIANAPOLIS IN 46240	8900 KEYSTONE CROSSING, SUITE 1150 INDIANAPOLIS IN 46240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/28/1992**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **35-1623861** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	ASSISTANT TREASURER	☐ Change ☒ Addition
NAME	MUTZ, H. WILLIAM	1.2 NAME	DENNIS R. MEYER	
STREET ADDRESS	8900 KEYSTONE CRSNG,1150	1.3 STREET ADDRESS	3758 W. MORRIS ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	INDPLS, IN 46241	
TITLE	VT	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	FIFE, DARRELL	2.2 NAME	PHILLIP A. GOUGH	
STREET ADDRESS	8900 KEYSTONE CRSNG,1150	2.3 STREET ADDRESS	8900 KEYSTONE CROSSING	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	INDPLS, IN 46240	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	SHIVELY, PAUL A.	3.2 NAME		
STREET ADDRESS	8900 KEYSTONE CRSNG,1150	3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☐ Change ☐ Addition
NAME	MUTZ, O. U.	4.2 NAME		
STREET ADDRESS	8900 KEYSTONE CRSNG,1150	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RISK, J. FRED	5.2 NAME		
STREET ADDRESS	8900 KEYSTONE CRSNG,1150	5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, JOHN B., JR.	6.2 NAME		
STREET ADDRESS	8900 KEYSTONE CRSNG,1150	6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	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)(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 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: Dennis R. Meyer Jan. 13, 1995 317-248-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dennis R. Meyer

0478043 FP