

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

59 MAY -1 PM 2:11

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000000784 (8)

1. Corporation Name:  
THE PARTS SOURCE, INC.

Principal Place of Business: 1751 S. MISSOURI AVE. CLEARWATER FL 34616 US

Mailing Address: 1751 S MISSOURI AVE CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1992

3a. Date of Last Report: 04/26/1994

4. FEI Number: 59-3149403

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. The corporation has liability for intangible tax under § 199.012 Florida Statutes:  Yes  No

2. Principal Place of Business: 21

2a. Mailing Address: 26

22. Suite, Apt. #, etc.: 27

23. City & State: 28

24. Zip: 25

29. Country: 30

9. Name and Address of Current Registered Agent  
LECOMPTE, MORRIS A  
100 SECOND AVE S  
12TH FLOOR  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code: FL

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, THOMAS D	12 NAME	
STREET ADDRESS	2226 HERON CIR	13 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	14 CITY, ST, ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ROBERT A JR.	22 NAME	
STREET ADDRESS	1710 71ST NW	23 STREET ADDRESS	
CITY, ST, ZIP	BRADENTON FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, 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 holder empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this filing as principal or registered agent with an address.

SIGNATURE: \_\_\_\_\_ 4-26-95 813 5880377

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT