

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

No changes



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

3. Date Incorporated or Qualified **10/29/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip 25 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 County 30

4. FEI Number **59-3149403** 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

**LECOMPT, MORRIS A
100 SECOND AVE S
12TH FLOOR
ST PETERSBURG FL 33701**

No change

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 of principal or other agent as listed above

Signature of Registered Agent as required when existing

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | COX, THOMAS D | |
| STREET ADDRESS | 2228 HERON CIR | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | COX, ROBERT A JR. | |
| STREET ADDRESS | 1710 71ST NW | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | VP-Marketing |
| 33 STREET ADDRESS | FRANK KELLY |
| 34 CITY-ST-ZIP | 11401 9th St. N. #207 |
| | St. Petersburg, FL 33716 |
| 41 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | VP-FINANCE |
| 43 STREET ADDRESS | BOB MORGAN |
| 44 CITY-ST-ZIP | 857 180th Ave E |
| | Redington Shores, FL 33708 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 person or trustee employed 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: *[Signature]* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D-2

Division Form #

CR2E034 (12/95)