

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:16

DOCUMENT # P93000051543 (5)

1. Corporation Name

CEDAR KEY AUTO PARTS AND MARINE INC.

Principal Place of Business

HIGHWAY 24 AND FIRST ST
CEDAR KEY FL

Mailing Address

PO BOX 848
CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
11/07/1994

4. FEI Number
59-3194249

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

6. This corporation has liability for franchise tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. City & State

22. Suite, Apt. #, etc.

23. City & State

24. Zip

25. County

26. City & State

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. County

2a. Mailing Address

26. City & State

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. County

9. Name and Address of Current Registered Agent

CRITTENDEN, THOMAS J III
RT 4 BOX 25
US 19 NORTH
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY, ST, ZIP ☐ Change ☐ Addition

5. 5. TITLE

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY, ST, ZIP ☐ Change ☐ Addition

9. 9. TITLE

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY, ST, ZIP ☐ Change ☐ Addition

13. 13. TITLE

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY, ST, ZIP ☐ Change ☐ Addition

17. 17. TITLE

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY, ST, ZIP ☐ Change ☐ Addition

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 110.07(3)(b), 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 on or by such 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 added thereto.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

DATE

REGISTERED AGENT