

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 # P93000051543 (5)

1. Corporation Name

CEDAR KEY AUTO PARTS AND MARINE INC.



Principal Place of Business

HIGHWAY 24 AND FIRST ST
CEDAR KEY FL 32675
US

Mailing Address

P.O. BOX 848
CEDAR KEY FL 32625
US

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

1523 North Young Blvd.

83

US 19 north

84

City Chiefland

FL

85 Zip Code

32626

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 D
NAME CRITTENDEN, THOMAS J III
STREET ADDRESS RT 4 BOX 29
CITY- ST- ZIP CHIEFLND FL 32626

TITLE VD
NAME RUSS, JAMES A
STREET ADDRESS RT 4 BOX 29
CITY- ST- ZIP CHIEFLND FL 32626

TITLE STD
NAME CRITTENDEN, BRANDY
STREET ADDRESS RT 4 BOX 29
CITY- ST- ZIP CHIEFLND FL 32626

TITLE P
NAME CRITTENDEN, THOMAS J
STREET ADDRESS RT 4 BOX 29
CITY- ST- ZIP CHIEFLND FL 32626

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

500001793695
-04/25/96--01012--014
***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-96

352-493-2533

CR2E034 (12/95)