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 # P93000072497 (9)

1. Corporation Name

CLAY COUNTY AUTO PARTS, INC.

Principal Place of Business
1438 CASSAT AVE
JACKSONVILLE FL 32205
US

Mailing Address
1438 CASSAT AVE
JACKSONVILLE FL 32215
US

2. Principal Place of Business	2a. Mailing Address
21 1907 CASSAT Ave	26 1907 CASSAT AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE	City & State 28 JACKSONVILLE
Zip 24 32205 Country 25 DUVAL	Zip 29 32205 Country 30 DUVAL

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 06/07/1995
4. FEI Number: 59-3228285 ☐ 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

~~WILLIAMSON, MANK~~
~~4929 ATLANTIC BLVD.~~
~~JACKSONVILLE, FL 32207~~

10. Name and Address of New Registered Agent

81 Name: J. Phil CANNON
82 Street Address (P.O. Box Number is Not Acceptable): 1907 CASSAT Ave.
83
84 City: JAcksonville FL 85 Zip Code 32205

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] J. PhiL CANNON DATE 3-04-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	CANNON, J. P	
STREET ADDRESS	5663 CR 218	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	☐ DELETE
NAME	JANIT A. CANNON	
STREET ADDRESS	368 Village Dr.	
CITY-ST-ZIP	~~Jack~~ St. Augustine Fl 32095	
TITLE	Sec Tres	☐ DELETE
NAME	J.P Cannon	
STREET ADDRESS	367 Village Dr	
CITY-ST-ZIP	St. Aug. FL. 32095	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	JANET A CANNON	
2.3 STREET ADDRESS	368 Village Dr	
2.4 CITY-ST-ZIP	St. Augustine FL-32095	
3.1 TITLE	Sec-Treas	☐ Change ☐ Addition
3.2 NAME	J. Phil CANNON	
3.3 STREET ADDRESS	368 Village Dr.	
3.4 CITY-ST-ZIP	St. Aug. FL. 32095	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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] J. PhiL CANNON 904-389-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)