

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085030 (3)

1. Corporation Name

TRI COUNTY AUTO PARTS, INC.

Principal Place of Business

**4361 PETERS RD
PLANTATION FL 33317-4542**

Mailing Address

**4361 PETERS RD
PLANTATION FL 33317-4542**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0459793

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**MEISLER, SMITH & O'HARE, P.A.
9000 W SAMPLE RD
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81

Name **MEISLER, SMITH, P.A.**

82

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

10271 W. SAMPLE RD. #212

83

84

City **CORAL SPRINGS**

FL

85

Zip Code

33065

11. Pursuant to the provisions of Sections 607.0503 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

by:

(Signature)

MICHAEL C. MEISLER

(NOTE: Registered Agent signature required when resigning)

DATE

4/25/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**PO
WISE, ARTHUR
4361 PETERS RD
PLANTATION FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**S
WISE, MARION
4361 PETERS RD
PLANTATION FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**VO
GRUSKIN, MARC
4361 PETERS RD
PLANTATION FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**T
GRUSKIN, JOAN
4361 PETERS RD
PLANTATION FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(3)(a), 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 or on an attachment with an address.

SIGNATURE:

(Signature) **ARTHUR WISE**

(PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/26/95 - 305. 792-7060