

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
Secretary of State
1995

APPROVED
AND
FILED

55 MAY 10 AM 10:35

DOCUMENT # P94000039730 (4)

1. Corporation Name

TOP NOTCH AUTO PARTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location	Mailing Address
909 STATE ROAD 542 DUNDEE FL 33838	POST OFFICE BOX 1803 DUNDEE FL 33838

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
05/23/1994	
4. FFI Number	Applied Fee
59-3278461	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 5-199.032, Florida Statutes.	
☐ Yes ☒ No	

2. Principal Office Location	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent

JERNIGAN, GREGORY M
909 STATE ROAD 542
DUNDEE FL 33838

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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 must be printed with telephone and mobile if applicable)

(Signature of registered agent must be printed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	JERNIGAN, GREGORY M	2. NAME	
STREET ADDRESS	756 31ST COURT NW	3. STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL 33881	4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 199.02(1)(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 under oath. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Greg Jernigan

(SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

GREG JERNIGAN

5/2/95