

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **894000048160**

1. Corporation Name

Fernandina Auto Parts, INC.

Principal Place of Business

Mailing Address

**1485 S. 8th St
Fernandina Bch. Fla.
32034**

4 Waterford LN.

3. Date Incorporated or Qualified

3a. Date of Last Report

21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4 4. FEI Number 59-3251937 Applied For <input type="checkbox"/> Not Applicable
22 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	27 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	5 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Burgess, Granville C
301 1/2 Centre St.
Fernandina Bch. Fla. 32034**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (Type, print or typed 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	
1 1. TITLE 2 2. NAME 3 3. STREET ADDRESS 4 4. CITY-ST-ZIP	5 5. TITLE 6 6. NAME 7 7. STREET ADDRESS 8 8. CITY-ST-ZIP	11 11. TITLE 12 12. NAME 13 13. STREET ADDRESS 14 14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9 9. TITLE 10 10. NAME 11 11. STREET ADDRESS 12 12. CITY-ST-ZIP	13 13. TITLE 14 14. NAME 15 15. STREET ADDRESS 16 16. CITY-ST-ZIP	21 21. TITLE 22 22. NAME 23 23. STREET ADDRESS 24 24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 17. TITLE 18 18. NAME 19 19. STREET ADDRESS 20 20. CITY-ST-ZIP	25 25. TITLE 26 26. NAME 27 27. STREET ADDRESS 28 28. CITY-ST-ZIP	31 31. TITLE 32 32. NAME 33 33. STREET ADDRESS 34 34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 29. TITLE 30 30. NAME 31 31. STREET ADDRESS 32 32. CITY-ST-ZIP	35 35. TITLE 36 36. NAME 37 37. STREET ADDRESS 38 38. CITY-ST-ZIP	41 41. TITLE 42 42. NAME 43 43. STREET ADDRESS 44 44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39 39. TITLE 40 40. NAME 41 41. STREET ADDRESS 42 42. CITY-ST-ZIP	45 45. TITLE 46 46. NAME 47 47. STREET ADDRESS 48 48. CITY-ST-ZIP	51 51. TITLE 52 52. NAME 53 53. STREET ADDRESS 54 54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
49 49. TITLE 50 50. NAME 51 51. STREET ADDRESS 52 52. CITY-ST-ZIP	55 55. TITLE 56 56. NAME 57 57. STREET ADDRESS 58 58. CITY-ST-ZIP	61 61. TITLE 62 62. NAME 63 63. STREET ADDRESS 64 64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4-24-97 (904) **261-4044**

CR2E034 (9/96)