

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000050106 (1)

1. Corporation Name

HALE'S AUTO PARTS, INC.



Principal Place of Business

609 NO. HOUSTON AVENUE  
LIVE OAK FL 32060

Mailing Address

609 NO. HOUSTON AVENUE  
LIVE OAK FL 32060

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 609 NW Houston Ave

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3306398

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

10. Name and Address of New Registered Agent

HALE, GERALDINE F  
609 NO. HOUSTON AVENUE  
LIVE OAK FL 32060

81 Name

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

83

84 City

FL

85 Zip Code

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 then appointing

agent. Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HALE, GERALDINE F  
STREET ADDRESS 609 NO. HOUSTON AVENUE  
CITY-ST-ZIP LIVE OAK FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Vice President ☐ Change ☒ Addition  
12 NAME William D. Hale Sr.  
13 STREET ADDRESS 609 NW Houston Avenue  
14 CITY-ST-ZIP Live Oak FL 32060

21 TITLE Treasurer ☐ Change ☒ Addition  
22 NAME Geraldine F. Hale  
23 STREET ADDRESS 609 NW Houston Avenue  
24 CITY-ST-ZIP Live Oak, FL 32060

31 TITLE Secretary ☐ Change ☒ Addition  
32 NAME William D. Hale Sr.  
33 STREET ADDRESS 609 NW Houston Avenue  
34 CITY-ST-ZIP Live Oak FL 32060

41 TITLE President ☐ Change ☒ Addition  
42 NAME Geraldine F. Hale  
43 STREET ADDRESS 609 NW Houston Ave  
44 CITY-ST-ZIP Live Oak, FL 32060

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(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:

Geraldine F. Hale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

904  
362-3317

Daytime Phone #

CR2E034 (12/95)