


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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 N.W. HOUSTON AVENUE LIVE OAK FL 32060-1631 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3306398	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country	30	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 HALE, GERALDINE F 609 NO. HOUSTON AVENUE LIVE OAK FL 32060		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 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 *Geraldine F. Hale* *Geraldine F. Hale* **4/11/97**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HALE, GERALDINE F	1.2 NAME	
STREET ADDRESS	609 NO. HOUSTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP HALE, WILLIAM D. SR.	2.2 NAME	
STREET ADDRESS	609 N.W. HOUSTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HALE, GERALDINE F.	3.2 NAME	
STREET ADDRESS	609 N.W. HOUSTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HALE, WILLIAM DON SR	4.2 NAME	
STREET ADDRESS	609 N.W. HOUSTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HALE, GERALDINE F.	5.2 NAME	
STREET ADDRESS	609 N.W. HOUSTON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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: *Geraldine F. Hale* *Geraldine F. Hale* **4/11/97** 904-362-3317

CR2E034 (9/96)