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Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90008 028 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000056132

1. Corporation Name

ST. AUGUSTINE AUTO PARTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5 SAN CARLOS AVENUE  
SUITE 600  
ST AUGUSTINE FL 32084  
US

Mailing Address

5 SAN CARLOS AVENUE  
SUITE 600  
ST. AUGUSTINE FL 32084  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 NONE

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 NONE

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

07/25/1994

4. FEI Number

59-3258673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

AYRES, BENJAMIN H  
ST. 201 N MAGNOLIA AVE  
SUITE 600  
OCALA FL 34471

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D GOMEZ, MANUEL JR  
STREET ADDRESS  
1605 BAY HAWK LANE  
CITY-ST-ZIP  
ST. AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME  
D GOMEZ, KATHERINE E  
STREET ADDRESS  
1605 BAY HAWK LANE  
CITY-ST-ZIP  
ST. AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME  
AYRES, BENJAMIN H  
ST. 201 N MAGNOLIA AVE  
SUITE 600  
CITY-ST-ZIP  
OCALA FL 34471

TITLE ☐ DELETE

NAME  
5 SAN CARLOS AVENUE  
STREET ADDRESS  
SUITE 600  
CITY-ST-ZIP  
ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME  
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STREET ADDRESS  
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CITY-ST-ZIP  
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TITLE ☐ DELETE

NAME  
D  
STREET ADDRESS  
D  
CITY-ST-ZIP  
D

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine E. Gomez

Date

1/4/98

Daytime Phone #

(904) 829-6473

CR2E034 (11/98)