Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000056132**1. Corporation Name

Principal Place of Business

ST. AUGUSTINE AUTO PARTS, INC.

ST. AUDUSTRAT FL. TOPTS

STREET ADDRESS

5 SAN CARLO	OS AVENUE	5 SAN CARLOS AVENUE	-				
ST AUGUSTIN	NE EL 32084	SUITE-500- ST. AUGUSTINE FL 32084			DO NOT WRITE IN	THIS SPACE	
US	4L 7 C 02007	US			3. Date Incorporated or Qualifed		
	•				07/25/1994		
2 Principal	Place of Business	2a. Mailing Address			4. FEI Number	Ι Ι Δ	pplied For
21	Tiboo of Boomodo	26			59-3258673	<u> </u>	lot Applicable
Suite, Ap	t # ata	Suite, Apt. #, etc.			39-3230073		Additional
	(10)VE	27 NOW	15		5. Certifcate of Status Desired		Required
22 /		City & State	2		A Flatin On the Financian		
	ate	 			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country	28 · · · · · · · · · · · · · · · · · ·	Count	37			110 7 663
		⊢ `		y	8. This corporation owes the current y	ear intangible	□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Curren		8	1 Name	10. Name and Address of New Regis	itered Agent	
1 AV	RES, BENJAMIN H	Tall Bush Bush is I have to	J	Name			
ST. O	1 N MAGNOLIA AVE		8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
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4	ITE 600		8	3			
00	CALA FL 34471		8	4 City	(1775) 11 (12 +25), A184 1 S 543 12 13 14 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	85 Zip	Code
			l°	City		FL S Z	Code
11. Pursuar	nt to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the abo	ve-named co	rporation submits this statement for the purp	ose of changing it	s registered
office or	r registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was a	uthorized b	y the corpora	ation's board of directors. I hereby accept the	appointment as re	egistered
SIGNATURE		tions of, Section 607,0505, Fig.	riua Statute	5.			
SIGNATURE	E		•				.]
0.0,0,0,0	Clareture trend or printed name of engistered agent	t and title if applicable (NOTE	- Decistered An	ent cionature reau	production reinstation).	ΔTE	
	Signature, typed or printed name of registered agent			ent signature requ	477.	RS AND DIRECT	ORS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

6.3 STREET ADDRESS

SIGNATURE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90008 028 ***150.00