FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 05 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 # **P95000032237 (6)**

1. Corporation Name
AUTOMOTIVE PARTNERS OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
2814 CAPITAL CIRCLE NE TALLAHASSEE FL 32308	2814 CAPITAL CIRCLE NE TALLAHASSEE FL 32308-7700

3. Date Incorporated or Qualified: 04/25/1995
3a. Date of Last Report: 08/08/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: ~~APPLIED FOR~~ 593317094 ☐ 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
LAMB, MARION D III 1972 RAYMOND DIEHL RD TALLAHASSEE FL 32308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEART, GREGORY H		1.2 NAME	
STREET ADDRESS	248 CREPE MYRTLE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAIRO GA 31728		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIPTON, RONALD J		2.2 NAME	
STREET ADDRESS	7021 SPENCER DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, MARSHALL		3.2 NAME	
STREET ADDRESS	RT 16 BOX 9022		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPENCE, THOMAS E JR		4.2 NAME	
STREET ADDRESS	2424 MARRIGAN PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 3-15-97 DATE