

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000032237 (6)

1. Corporation Name:

AUTOMOTIVE PARTNERS OF TALLAHASSEE, INC.

FILED

98 JUN 16 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2814 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Mailing Address

2814 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1995

4. FEI Number

59-3317094

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LAMB, MARION D III
1972 RAYMOND DIEHL RD
TALLAHASSEE FL 32308

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 of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME PEART, GREGORY H
STREET ADDRESS 248 CREPE MYRTLE LANE
CITY-ST-ZIP CAIRO GA 31728 ☐ DELETE

TITLE PD
NAME LIPTON, RONALD J
STREET ADDRESS 7021 SPENCER DR
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ DELETE

TITLE TD
NAME CARROLL, MARSHALL
STREET ADDRESS RT 16 BOX 9022
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ DELETE

TITLE VD
NAME SPENCE, THOMAS E JR
STREET ADDRESS 2424 MARRIGAN PLACE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ 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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 400002566804--3
1.4 CITY-ST-ZIP -06/19/98--01124--020
***150.00 ***150.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE

[Signature]

6-9-98

58-168/990

CR2E034 (10/97)



*Specialists in computer diagnostics, air conditioning systems,
electronic engine controls and general maintenance*

3812 North Monroe Street • Tallahassee, FL 32303 • (904) 562-8989

4803 Seaton Court • Tallahassee, FL 32308 • (904) 668-1990

2814 Capital Circle, N.E. • Tallahassee, FL 32308 • (904) 385-8899

6/9/98

To Whom It May Concern:

I am sorry for the late filing of this report. I have had a death and a severe injury within my immediate family. I would greatly appreciate your consideration in allowing me to pay the \$150.00 filing fee.

Sincerely,

Ronald J. Lipton
President