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Secretary of State

04-27-1999 90177 006 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **P95000038436**

1. Corporation Name
FOUR TOWNES AUTO PARTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2301 S. VOLUSIA AVENUE
 ORANGE CITY FL 32763**

Mailing Address
**2301 S. VOLUSIA AVENUE
 ORANGE CITY FL 32763**

3. Date Incorporated or Qualified
05/15/1995

4. FEI Number
59-3322330

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 2305 S. VOLUSIA AVE.
 Suite, Apt. #, etc.

2a. Mailing Address
26 2305 S. VOLUSIA AVE.
 Suite, Apt. #, etc.

23 **ORANGE CITY, FL.**
 City & State

24 **32763** 25 **VOLUSIA**
 Zip Country

27 **ORANGE CITY, FL.**
 City & State

28 **ORANGE CITY, FL.**
 City & State

29 **32763** 30 **VOLUSIA**
 Zip Country

9. Name and Address of Current Registered Agent
**BIGGAR, ANDREW J JR.
 2301 S. VOLUSIA AVENUE
 ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)
2305 S. VOLUSIA AVE

B3

B4 City **ORANGE CITY** B5 Zip Code **FL 32763**

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGAR, ANDREW J.	1.2 NAME	
STREET ADDRESS	2301 S. VOLUSIA AVENUE	1.3 STREET ADDRESS	2305 S. VOLUSIA AVE
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGAR, DONNA L	2.2 NAME	
STREET ADDRESS	2301 S. VOLUSIA AVENUE	2.3 STREET ADDRESS	2305 S. VOLUSIA AVE.
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 change, or on an attachment with an address, with all other like empowered

SIGNATURE: Donna L. Biggar **DONNA L. BIGGAR** Date: **4/22/99** Daytime Phone #: **904-775-9536**

CR2E034 (1/198)