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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000078524 (2) AUTO PARTS OF ST. CLOUD, INC.

**FILED** May 09 1997 8:00am Secretary of State



Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Place of Business Mailing Address  1114 PENNSYLVANIA AVE 1114 PENNSYLVANIA AVE ST CLOUD FL 34769-3750			., ., <u>.</u> ,					
Suric. Apt. #, etc.  Criy & Statuto  Coly & Statuto  Coly & Statuto  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation has liability for intemplible text under s. 19  Florida Statutes  Surice Address of New Registered Agent  LARSON, LEON F  1114 PENNSYLVANIA AVE  ST CLOUD FL 34769  111. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above namely corporation submits this statement for the purpose of changing its rediction of the provisions of sections 607 0502 and 607.1508. Florida Statutes  SIGNATURE  SIGNATURE  DELETE  AND  LARSON, LEON F  111. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above namely corporation submits this statement for the purpose of changing its rediction of the provisions of sections 607 0502 and 607.1508. Florida Statutes  SIGNATURE  SIGNATURE  Purpose and address of New Registered Agent  112. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT IT IT.  AND  LARSON, LEON F  114 PENNSYLVANIA AVE  SIGNATURE  Purpose and address of New Registered Agent  SIGNATURE  Purpose and Address of New									Beport
Suite. April #, etc.    Suite   April #, etc.   Suite   April #, etc.   Solito   Sol	n ·	lace of Business				1 = 1		<del></del>	oplied For
City & State  Country  Country  Country  Country  Country  E. Trust Fund Contribution  Added to F  10. Name and Address of New Registered Agent  LARSON, LEON F  1114 PENNSYLVANIA AVE  ST CLOUD FL 34789  City State  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sociens 607,0502 and 607,1508, Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  12. City Street Address (P.O. Box Number is Not Acceptable)  Street Address (		# ata				59-161/2//			ot Applicable
City & State  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi		#, UK.	<b>├</b> ─¬			5. Certificate of Status Desired			
Zip	City & State	City & State City & State				1	+		
25		Country		Count	ry		<del></del>		
LARSON, LEON F 1114 PENNSYLVANIA AVE ST CLOUD FL 34789  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-name corporation submits this statement for the purpose of changing its re office or registered agent, or both, in the State of Florida. Such change was authorized by the chipporation flowarily of directors. I hereby accept the appointment as reg agent 1 run families with, and accept the obligations of, September Approach.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS II  12. OFFICERS AND DIRECTORS II  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  14. LARSON, LEON F 1114 PENNSYLVANIA AVE 12. NAME 13. SIREET ADDRESS 1114 PENNSYLVANIA AVE 13. TREET ADDRESS 1114 PENNSYLVANIA AVE 13. TREET ADDRESS 14. CITY ST-2IP  TITLE  VMHITE, RALPH 22. AND 14. CITY ST-2IP  TITLE  VMHITE, RALPH 22. AND 22. AND 22. AND 22. AND 22. AND 22. AND 23. TREET ADDRESS CITY ST-2IP  TITLE  VMHITE, LEON E 4949 RED BAY DR ORLANDO FL 32829  TITLE  DELETE 41. TITLE  Change  C	24			30		Florida Statutes	Yes 🔯	Vo	
TITL Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-namely corporation submits this statement for the purpose of changing its residence or registered agent, or both, in the State of Florida. Such change was authorized by the chipsoration shown to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-namely corporation submits this statement for the purpose of changing its residence of registered agent, or both, in the State of Florida. Such change was authorized by the chipsoration shown to the provisions of Sections 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  11.  PURE  OFFICERS AND DIRECTORS  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 If PENNSYLVANIA AVE  1.2 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY ST-2P  PALM BEACH FL 33404  2.2 STREET ADDRESS  CITY ST-2P  TITLE  OFFICERS AND DIRECTORS IN 11 INTE  Change			nt Registered Agent		.1	10. Name and Address of New Re	gistered Ag	ent	
ST CLOUD FL 34769  83  84 City  FL 85 Zip Coc  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-namely corporation submits this statement for the purpose of changing its re office or registered agent, or both, in the State of Florida. Such change was authorized by the chipporation ploat policitions. Thereby accept the appointment as registered agent and the floridal statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  LARSON, LEON F  TITLE  P  DELETE  11 TITLE  LARSON, LEON F  1114 PENNSYLVANIA AVE  12 NAME  LARSON, LEON F  1114 PENNSYLVANIA AVE  13 STREET ADDRESS  CITY-S1-7P  STECHADORSS  CITY-S1-7P  PALM BEACH FL 33404  24 City-S1-2P  TITLE  V  DELETE  21 TITLE  22 NAME  23 STREET ADDRESS  CITY-S1-7P  FALM BEACH FL 33404  24 City-S1-7P  TITLE  SOCIED STREET ADDRESS  CITY-S1-7P  TITLE  STREET ADDRESS  CITY-S1-7P  TITLE  COFFMAN, JAMES L  107 EQUESTRAN DR  STREET ADDRESS  CITY-S1-7P  TITLE  COFFMAN, JAMES L  107 EQUESTRAN DR  STEPHENS CITY VA 22655  44 City-S1-7P  TITLE  STREET ADDRESS  CITY-S1-7P  TOTAL  STREET ADDRESS  STEPHENS CITY VA 22655  44 City-S1-7P  STEPHENS CITY VA 22655  44 City-S1-7P  STEPHENS CITY VA 22655  44 City-S1-7P				8	1 Name				
B3   B4   City   FL   B5   Zip Cool				8	2 Street Add	dress (P.O. Box Number is Not Accepta	bie)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above agent or registered agent, or both, in the State of Florida. Such change was authorized by the choporation supmits this statement for the purpose of changing list record agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes was authorized by the choporation boart of directors. I hereby accept the purpose of changing list record agent and the resolution of the purpose of changing list record agent. And the choporation of the purpose of changing list record agent. The purpose of the purpose of changing list record agent. And the choporation of poart of the purpose of changing list record agent. And the choporation of poart of the purpose of changing list record agent. And the choporation of poart of the purpose of changing list record agent. And the choporation of poart of the purpose of changing list record agent. And the choporation of poart of the purpose of changing list record agent. And the choporation of poart of the purpose of changing list record agent. And the choporation of poarties of the purpose of changing list record agent. And the choporation of poarties of the purpose of changing list record agent. And the choporation of poarties of the choporation of the choporation of poarties of the choporation of th	STO	CLOUD FL 34789		8	3				
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-namen corporation submits this statement for the purpose of changing its recollect or registered agent, or both, in the State of Florida. Such change was authorized by the chipocration aboart) of directors. I hereby accept the appointment as required agent at an familiar with, and accept the obligations of, Sequence 77.0505, Florida Statutes.  SIGNATURE				<u> </u>		<del></del>		DE Zin	Code
agent   arri familiar with, and accept the obligations of, Section 7,0505, Florida Statutes  Signature  Signature  Signature  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITITLE  LARSON, LEON F  LARSON, LEON F  1114 PENNSYLVANIA AVE  SIREET ADDRESS  CITY-SI-ZIP  NAME  WHITE, RALPH  224 ADDRESS  CITY-SI-ZIP  USE  ST CLOUD FL 33404  24 DELETE  12 TITLE  13 STREET ADDRESS  CITY-SI-ZIP  USE  ST CLOUD FL 33404  24 DELETE  32 MAME  SIREET ADDRESS  CITY-SI-ZIP  DELETE  SITTILE  S				l°	• City		FL	zip	C008
LARSON, LEON F			ID DIRECTORS	13.					
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NAME	City - St - ZiP	1		2. 4 CITY	-ST-ZIP				
STREET ADDRESS		1 7	☐ DELETE					j Change	☐ Addition
ORLANDO FL 32829   3.4 CITY-ST-ZIP   TITLE   Change				1					
TITLE         DELETE         4.1 TITLE         Change           NAME         COFFMAN, JAMES L         4.2 NAME           STREET ADDRESS         107 EQUESTRIAN DR         4.3 STREET ADDRESS           CITY-ST-ZIP         STEPHENS CITY VA 22655         4.4 CITY-ST-ZIP									
NAME   COFFMAN, JAMES L   4.2 NAME   107 EQUESTRIAN DR   4.3 STREET ADDRESS   STEPHENS CITY VA 22655   4.4 CITY-ST-ZIP		1	DELETE					Change	Addition
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City-St-ZiP 6.4 City-St-ZiP	NAME STREET ANDRESS			6.2 NAM					

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 for on an attachment with an address.

SIGNATURE: