

FILED
Mar 26 1997 8:00am
Secretary of State

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

TOTAL PARTS & SUPPLIES, INC.



Maing Address
P.O. BOX 13115
FT. PIERCE FL 34978-3115
US

3. Date Incorporated or Qualified 11/13/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0632761		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

FOUNTAIN, JACK
301 SE WALLACE TERRACE
PORT ST LUCIE FL 34979

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 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to 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 understand well, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

DATE _____

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE	☐ DELETE	1.4 CITY - ST - ZIP	
NAME		2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
TITLE	☐ DELETE	2.4 CITY - ST - ZIP	
NAME		3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE	☐ DELETE	3.4 CITY - ST - ZIP	
NAME		4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	☐ DELETE	4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE	☐ DELETE	5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE	☐ DELETE	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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

$$[\log(\phi_0/\phi) + \frac{1}{\alpha} \log(\phi)]_{\theta=\theta_0} = 0$$

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