

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013585 (0)

1. Corporation Name

AUTO SUPPLY OF OKEECHOBEE, INC.



Principal Place of Business 701 COLORADO AVENUE STUART FL 34994 409 N. Parrot Ave Okeechobee, FL, 34972	Mailing Address 701 COLORADO AVENUE STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 745 SE MONTEREY RD. State, Apt. #, etc. 22 Okeechobee City & State 23 FL Zip 24 34972 Country 25 Okeechobee	2a. Mailing Address 26 745 SE MONTEREY RD. Suite, Apt. #, etc. 27 STUART FL City & State 28 FL Zip 29 34994 Country 30 USA
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3. Date Incorporated or Qualified 02/04/1996	4. FEI Number 65-0650486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SPARKER, MIKE 701 COLORADO AVENUE STUART FL 34994	10. Name and Address of New Registered Agent 81 Name A. WAYNE SLOAT 82 Street Address (P.O. Box Number is Not Acceptable) 745 SE MONTEREY RD. 83 84 City STUART FL 85 Zip Code 34994
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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/98

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SWAT, A. WAYNE
STREET ADDRESS	745 SE MONTEREY RD
CITY - ST - ZIP	STUART FL
TITLE	VP
NAME	SLOAT, GARY
STREET ADDRESS	745 SE MONTEREY RD
CITY - ST - ZIP	STUART FL
TITLE	S
NAME	SLOAT, SOPHIE
STREET ADDRESS	745 SE MONTEREY RD
CITY - ST - ZIP	STUART FL
TITLE	T
NAME	SMITH, KEVIN
STREET ADDRESS	745 SE MONTEREY RD
CITY - ST - ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Correction
12 NAME	SLOAT, A. WAYNE
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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:

1/21/98

CR2E034 (10/97)