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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073035 (3)

1. Corporation Name

JIM BRISTOW AUTO PARTS, INC.

Principal Place of Business

725 NORTH HIGHWAY A1A STE E-208
THE ALHAMBRA
JUPITER FL 33477

Mailing Address

725 NORTH HIGHWAY A1A STE E-208
THE ALHAMBRA
JUPITER FL 33477-9533

3. Date Incorporated or Qualified

09/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0696682

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

BAKER, THOMAS R III
725 NORTH HIGHWAY A1A STE E-208
THE ALHAMBRA
JUPITER FL 33477

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 607.0602 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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRISTOW, JAMES C	
STREET ADDRESS	813 BUTTWOOD ROAD	
CITY- ST- ZIP	NO PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NE	
1.3 SET ADDRESS	
1.4 N- ST- ZIP	
2.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NE	
2.3 SET ADDRESS	
2.4 Y- ST- ZIP	
3.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NE	
3.3 SET ADDRESS	
3.4 Y- ST- ZIP	
4.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NE	
4.3 SET ADDRESS	
4.4 C- ST- ZIP	
5.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NE	
5.3 SET ADDRESS	
5.4 C- ST- ZIP	
6.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NE	
6.3 SET ADDRESS	
6.4 C- ST- ZIP	

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 file 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0333482

CR2E034 (9/96)