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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000074267** (1)

PRATTS AUTO PARTS, INC.

Principa! Place of Business

Mailing Address

315 ANSIN ROAD ROCKLEDGE FL 32956 P.O. BOX 560562 ROCKLEDGE FL 32958-0562

FILED Jan 17 1997 8:00am Secretary of State



									Date Incorporated or Qualified 9/03/1996		ate of Last R	ероп	
2. Principal	Piace of Busin	ıess		2a. Maling A	ddress			4. F	El Number		Ar	plied For	
21]			26					59-3402362			Not Applicable	
Suite, Apt. #, etc.			2	Suite, Apt. # etc.				5. (5. Certificate of Status Desired Fee Req				
City & Sta	ite			City & Sta	ate			6. E	lection Campaign Financing		\$5.00	May Be	
23			2	28				1 1	Trust Fund Contribution		Added		
Zip		Country		Zip		Country	,	8. 1	This corporation has liability for	or intangible	tax under s	. 199.032,	
24		25			29 30		0		Florida Statutes X Yes No				
	9. Name	and Address of	Current Re	gistered Age	nt		,	10. I	Name and Address of New F	Registered	Agent		
PR/	ITT, WILLIAM	A				81	Name	1, 1		200			
910 JAMESTOWN DR.				82 Street			Street Add	Address (P.O. Box Number is Not Acceptable)					
	XLEDGE FL					102	Sileer Aud	JIBSS (F.A	D. Box Northberns Not Accept	auter		· ·	
						83				1			
						<u> </u>		· · · ·					
						84	City			FL	85 Zip i	Code	
11 D	t to the early	iono of Contanto C	07.06.00 00	V4 CO7 1500 F	torido Statut	or the phou	o named cor	racratica	submits this statement for the		t changing it	e registered	
office or agent 1	registered aç am familiar wi	ent, or both, in the	e State of F	lorida. Such o	hange was a 307.0505. Fix	authorized b	y the corpora	ation's bo	submits this statement for the pard of directors. I hereby acc	ept the ap	pointment as	registered	
				,		,							
SIGNATURE.	Signature type t	orphredianic of regs	concid agent and	d tite if applicable	(NOT	E Rugistared Ag	ent signature requ	ured when re	einstating)	DATE			
12.		OFFICE	RS AND DI	IRECTORS		13.		, Al	DDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	IS IN 12	
TITLE	D				DELETE	1.1 TITLE					Change	Addition	
NAME	PRATT, W	MALLIN				1.2 NAME							
	DAG INNE	STOWN DR.											
NUMBER ADDRESS.						1.3 STREET	LADDRESS						
STREET ADDRESS						1.3 STREET							
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I no nevery cerety 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 chings a con an accuracy with an address.

SIGNATURE

PRATT | President

1/9/97

C407) 631-1280