


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90014 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000002776 1. Corporation Name CHUCK'S USED AUTO PARTS, INC.			
Principal Place of Business 3650 WOODVILLE HWY TALLAHASSEE FL 32311-7204		Mailing Address 3650 WOODVILLE HWY TALLAHASSEE FL 32311-7204	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 01/10/1997		4. FEI Number 59-3422651	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent HOLLIFIELD, CHARLES R 826 ESSEX DR TALLAHASSEE FL 32304		10. Name and Address of New Registered Agent 81 Name Betty J. Hollifield 82 Street Address (P.O. Box Number is Not Acceptable) 826 ESSEX Drive 83 84 City TALL. FL 85 Zip Code 32304	
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 Betty J. Hollifield Betty J. Hollifield Pres. DATE 3/17/99			
12. OFFICERS AND DIRECTORS TITLE P <input checked="" type="checkbox"/> DELETE NAME HOLLIFIELD, CHARLES R STREET ADDRESS 826 ESSEX DR CITY-ST-ZIP TALLAHASSEE FL 32304		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President, Sec. Treas. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Betty J. Hollifield 1.3 STREET ADDRESS 826 ESSEX DR. 1.4 CITY-ST-ZIP TALL, FL 32304 2.1 TITLE Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Douglas W. Hollifield 2.3 STREET ADDRESS 3124 Hutterfield Circle 2.4 CITY-ST-ZIP TALL, FL 32303 3.1 TITLE Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Thomas Fleming 3.3 STREET ADDRESS 1122 Carriage Rd 3.4 CITY-ST-ZIP TALL, FL 32312 4.1 TITLE Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME CHARLES FINCH 4.3 STREET ADDRESS 10082 Springsink Rd. 4.4 CITY-ST-ZIP TALL, FL 32311 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

850-878-6525

Daytime Phone #

CR2E034 (1/198)