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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000033171 (4)

HOMETOWN AUTO PARTS, INC.

**FILED** May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						FBB 19101 1001 10001 1181 1281
13728 KENT STATE AVENUE 13728 KENT STATE AVEN ORLANDO FL 32826 ORLANDO FL 32826			ENUE		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
					04/14/1997	
2. Principal P	2. Principal Place of Business 2a. Mailing Address			·	4. FEI Number	Applied For
21	SAME 26 DAME				59-3439575	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 Additional
27					Fee Required	
City & State City & State		<sub>1</sub>			6. Election Campaign Financing	\$5.00 May Be
Zip Zip	P Country Zip		Country		Trust Fund Contribution	Added to Fees
'	25	η	30	iii y	<ol><li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li></ol>	rrent year Intangible
24	9. Name and Address of Curr	29 ent Registered Agent	130		10. Name and Address of New Registered	
AL		on reger		31 Name		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE					me	
CORAL GABLES FL 33134			['	Street Add	ress (P.O. Box Number is Not Acceptable)	
"	THE GABLES I E SO 104		ļī	B3		
			Ļ			
			1	City	FL	85 Zip Code
Office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such change was	authorized	by the corpora	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	f changing its registered pointment as registered
SIGNATURE	_					
	Signature typed or preted name of registered a			Agent signature requi		
12.		ND DIRECTORS  DELETE	13.	-	ADDITIONS/CHANGES TO OFFICERS ANI	——————————————————————————————————————
TITLE	PTD COUNTY		1.1 TITL			☐ Change ☐ Addition
NAME	SPRAGUE, JOHN D		1.2 NAN			13
STREET ADDRESS				EET ADDRESS		ٳ
CITY-ST-ZIP	ORLANDO FL 32826 VSD			'-ST-ZIP		Change Addition
TITLE	,	L_J DELETE	2 1 1111			C. Change L. Addition
NAME	SPRAGUE, VIRGINIA S 13728 KENT STATE AVENUE		2.2 NAN			
STREET ADDRESS			ł	EET ADDRESS		
CITY-ST-ZIP TITLE			2. 4 CIT 3.1 TITL	Y-ST-ZIP		Change Addition
NAME			3.2 NAN			Committee Transmittee
STREET ADDRESS				EE1 ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE	DELETE		4.1 TITL			Change Addition
NAME	<del></del>		4, 2 NA	•		\ \ \
STREET ADDRESS			4	eft address		
CITY-\$T-ZIP				-ST-ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	ſ		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				'- ST - ZIP		
TITLE	<u> </u>		6.1 TITE			Change Addition
NAME		****	6.2 NAM	1		
STREET ADDRESS				ET ADDRESS		ļ
CITY-ST-ZIP				-ST-ZIP		

14. Thereby 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 trusled 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.

4-29-18 (407)277-4722