

2-5-95-15888-NC  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
 ANNUAL REPORT  
 1995



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 FEB -6 PM 3:52

DOCUMENT # **S71271 (8)**

1. Corporation Name  
**ACTION AUTO PARTS, INC.**

Principal Place of Business Mailing Address  
 801 N. 7TH ST. P.O. BOX 2008 NA  
 DADE CITY FL 33525 DADE CITY FL 33526-2008  
 US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/01/1991** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

4. FEI Number **59-3083516** 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  
**TAYLOR, LESLIE W. III**  
**1108 N 21 ST**  
**DADE CITY FL 33525**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 consent the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Leslie W. Taylor III DATE: \_\_\_\_\_  
(Signature of you or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAYLOR, LESLIE W. III
STREET ADDRESS	1108 N 21 ST
CITY - ST - ZIP	DADE CITY FL
TITLE	ST
NAME	HUMMEL, ELIZABETH I.
STREET ADDRESS	1106 N 21 ST
CITY - ST - ZIP	DADE CITY FL
TITLE	D
NAME	TAYLOR, LESLIE W. JR
STREET ADDRESS	RT 7 BOX 794
CITY - ST - ZIP	POPLAR BLUFF MO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information presented 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: Elizabeth J. Hummel  
 Elizabeth J. Hummel

1/30/95 904 567 3555  
 Date (Include Month & Year)