FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S80430** **(9)**

1. Corporation Name

PARTS MARKETING ASSOCIATES, INC.

Principal Place of Business
3058 SE MONROE ST
STUART FL 34997

Mailing Address
3058 SE MONROE ST
STUART FL 34997

3. Date Incorporated or Qualified: **09/16/1991**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0287110** 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

LAWTON, ROBERT A.
10411 SE TERRAPIN PL
STE C105
TEQUESTA FL 33469

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, 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 of Registered Agent (if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WHERRELL, M. W., JR.	
STREET ADDRESS	107 SW 2ND ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	☒ DELETE
NAME	CANTRELL, LONNIE	
STREET ADDRESS	1100 SE 15TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D - SEC - TREAS	☐ DELETE
NAME	ALEXANDER, WILLIAM T.	
STREET ADDRESS	3058 MONROE ST SE	
CITY-ST-ZIP	STUART FL	
TITLE	D - PRES	☐ DELETE
NAME	LAWTON, ROBERT A.	
STREET ADDRESS	10411 SE TERRAPIN PL #C105	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	ADD SEC-TREAS	☐ Change	☒ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	ADD - PRES	☐ Change	☒ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (12/95)

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)(x), 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.

SIGNATURE: R B Lawton, Pres. 3/18/96 401-287-3021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

R. A. LAWTON