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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V43365** (8)

1. Corporation Name

DISCOUNT AUTO PARTS OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

**180 CAPITAL CIRCLE SW
TALLAHASSEE FL**

**180 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310-7413**

3. Date Incorporated or Qualified

06/12/1992

3a. Date of Last Report

03/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMB, MARION D III
1972 RAYMOND DIEHL RD
TALLAHASSEE FL 32308**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **NEWTON, WILLIAM E**
STREET ADDRESS **5036 CENTENNIAL OAKS CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **NEWTON, Timothy E.**
1.3 STREET ADDRESS **4397 COUNTY RD 59**
1.4 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **STD** ☒ DELETE
NAME **NEWTON, SYBILL C**
STREET ADDRESS **5036 CENTENNIAL OAKS CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Newton, William P.**
2.3 STREET ADDRESS **2904 WHIRLAWAY TR.**
2.4 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Timothy E. Newton 2/17/97 (904)668-7905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)