

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 17 AM 11:11**

**DOCUMENT # V58389**

**(0)**

1. Corporation Name

**REX DAVIS AUTO PARTS, INC.**

Principal Place of Business

8802 N. 12TH STREET  
TAMPA FL 33604

Mailing Address

8802 N. 12TH STREET  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified  
**08/13/1992**

3a. Date of Last Report  
**02/16/1994**

4. FEI Number  
**59-2338055**

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

7. This corporation has liability for intangible tax under §. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

**DAVIS, REX  
8802 N. 12TH ST.  
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City <b>FL</b>
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D <b>DAVIS, REX 8802 N. 12TH ST. TAMPA FL</b>	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		13 NAME	
DATE	1/29	13 ADDRESS	
NAME	D <b>LOVELACE, WAYDE 8802 N. 12TH ST. TAMPA FL</b>	14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		14 ADDRESS	
DATE	1/29	14 DATE	
NAME	D <b>DAVIS, JUDY 8802 N. 12TH ST. TAMPA FL</b>	15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		15 ADDRESS	
DATE	1/29	15 DATE	
NAME	D <b>LOVELACE, WAYDE 8802 N. 12TH ST. TAMPA FL</b>	16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		16 ADDRESS	
DATE	1/29	16 DATE	
NAME	D <b>DAVIS, JUDY 8802 N. 12TH ST. TAMPA FL</b>	17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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DATE	1/29	17 DATE	
NAME	D <b>LOVELACE, WAYDE 8802 N. 12TH ST. TAMPA FL</b>	18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		18 ADDRESS	
DATE	1/29	18 DATE	
NAME	D <b>DAVIS, JUDY 8802 N. 12TH ST. TAMPA FL</b>	19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		19 ADDRESS	
DATE	1/29	19 DATE	
NAME	D <b>LOVELACE, WAYDE 8802 N. 12TH ST. TAMPA FL</b>	20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS		24 ADDRESS	
DATE	1/29	24 DATE	

12. I solemnly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(6), Florida Statutes. I further certify that the information contained on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force under oath that it would have if done before the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 14 of chapter 607, filed with an address.

SIGNATURE:

*Wayde Lovelace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 - 9- 95 813-771-1037

Florida State