

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 # **V59999** (5)
1. Corporation Name

PARTS LOCATORS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**4118 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207
US**

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JACKSONVILLE FL 32207
US**

3. Date Incorporated or Qualified **08/20/1992** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3135307** 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

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOEGLER, STEVEN C.
4655 SALISBURY ROAD
SUITE 390
JACKSONVILLE FL 32256**

81 Name

82 Street Address P.O. Box Number is Not Acceptable

83 Building 100, Suite 200

84 City Jacksonville

FL 85 Zip Code 32256

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 the person who signed the statement for the corporation

Signature of the person who signed the statement for the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PS MARGOL, LONNIE E**
STREET ADDRESS **2946 BERNICE COURT**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **VT DAHL, ROBERT J**
STREET ADDRESS **11579 MANDARIN COVE LANE**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS **8097 Shady Grove Rd.**
4. CITY - ST - ZIP **32256**

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS **Jacksonville**
8. CITY - ST - ZIP **32283**

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (12/95)