

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V73436** (0)

1. Corporation Name
ENSLEY QUALITY AUTO PARTS, INC.



Principal Place of Business 9320 N PALAFOX ST PENSACOLA FL 32534	Mailing Address 9320 N PALAFOX ST PENSACOLA FL 32534-3040
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 7101 Wells Ave	4. FEI Number 59-3150051		Applied For Not Applicable	
22 City & State	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State	28 Navarre, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
32566		32566			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent BROWN, BERNARD 9320 N PALAFOX ST PENSACOLA FL 32534		10. Name and Address of New Registered Agent	
B1 Name		Johnnie M. Clopton	
B2 Street Address (P.O. Box Number is Not Acceptable)		7101 Wells Avenue	
B3			
B4 City		Navarre	
		FL	
		B5 Zip Code 32566	

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 Johnnie M. Clopton (NOTE: Registered Agent signature required when resigning) DATE 2/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BERNARD	1.2 NAME	
STREET ADDRESS	9320 N PALAFOX ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOPTON, JOHNNIE M.	2.2 NAME	Johnnie M. Clopton
STREET ADDRESS	7101 WELLS AVE	2.3 STREET ADDRESS	is also President
CITY - ST - ZIP	NAVARRE FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Joyce M. Clopton
STREET ADDRESS		3.3 STREET ADDRESS	7101 Wells Ave
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Navarre, FL 32566
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, changed, or on an attachment with an address.

SIGNATURE: Johnnie M. Clopton DATE 1/24/97 Pres. Daytime Phone #

CR2E034 (9/96)