

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F94000003408 (1)

1. Corporation Name
PARTS, INC. OF SOUTH CAROLINA

Principal Place of Business: **101 MCNEELY ROAD PIEDMONT SC 29673**
Mailing Address: **101 MCNEELY ROAD PIEDMONT SC 29673**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1994	3a. Date of Last Report
4. FEI Number 57-0996629	Approved For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has elected to incorporate in Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Type of Business 21	2a. Mailing Address 26 Po Box 1119
State App # etc 22	State App # etc 27
City & State 23	City & State 28 Piedmont SC
24	25 29 29673 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of tax laws 601, 602 and 603 of the Florida Statutes, the above named corporation, through its statement for the purpose of changing its registered office and 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 from herein and will accept the obligations of tax law 601, 602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. RECEIVED CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD SPRADLIN, DUANE 101 MCNEELY ROAD PIEDMONT SC 29673	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VD MCCRACKEN, RONALD J 101 MCNEELY ROAD PIEDMONT SC 29673	13 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STD SPRADLIN, MARGARET 101 MCNEELY ROAD PIEDMONT SC 29673	14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	D D'ACHILLE, KATHY D 101 MCNEELY ROAD PIEDMONT SC 29673	15 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. This filing certifies that the information supplied with this filing is voluntarily furnished and is not equally for the corporation stated in Section 110.02, Florida Statutes. I further certify that the information is correct and that the same report or statement was prepared by the corporation and that the corporation has the same legal effect as if prepared by the corporation. I further certify that the information is correct and that the same report or statement was prepared by the corporation and that the corporation has the same legal effect as if prepared by the corporation. I further certify that the information is correct and that the same report or statement was prepared by the corporation and that the corporation has the same legal effect as if prepared by the corporation.

SIGNATURE: *Margaret B. Spradlin, Inc* **6/12/95** **803-669-7278**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
Margaret B. Spradlin, Treasurer

CR2E034 (3-95)