

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **137269** (7)
1. Corporation Name

HI-WAY AUTO PARTS CO.



Principal Place of Business Mailing Address
**4518 LAFAYETTE ST
P.O. BOX 425
MARIANNA FL 32447
US**

3. Date Incorporated or Qualified **03/29/1939** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4509 Lafayette St.** 26 **P. O. Box 425**

4. FEI Number **59-0292027** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P. O. Box 425** 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **Marianna, Fl.** 28 **Marianna, Fl.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **32447** 25 ~~32447~~ **US** 29 **32447** 30 ~~32447~~ **US**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENINGS, FOSTER L.
4259 2ND AVENUE
MARIANNA FL 32446**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, MONICA J.	
STREET ADDRESS	2968 DANIEL STREET	
CITY - ST - ZIP	MARIANNA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JENINGS, FOSTER L. JR.	
STREET ADDRESS	4259 2ND AVENUE	
CITY - ST - ZIP	MARIANNA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JENINGS, HELEN K.	
STREET ADDRESS	4259 2ND AVENUE	
CITY - ST - ZIP	MARIANNA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JENINGS, RAYMOND K.	
STREET ADDRESS	3305 COUNTRY CLUB DR	
CITY - ST - ZIP	LYNN HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENINGS, FOSTER L.	
STREET ADDRESS	4259 2ND AVENUE	
CITY - ST - ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Foster L. Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Foster L. Jennings

6-29-96
Date

904-482-2204
Daytime Phone #

CR2E034 (3/96)