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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 137269

1. Corporation Name
HI-WAY AUTO PARTS CO.

Principal Place of Business

4509 LAFAYETTE ST
 P.O. BOX 425
 MARIANNA FL 32447
 US

Mailing Address

P.O. BOX 425
 P.O. BOX 425
 MARIANNA FL 32447
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/29/1939

4. FEI Number

59-0292027

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 owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

6120 Beach Drive

83

84 City

Panama City Beach, FL

85 Zip Code

32408

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME PHILLIPS, MONICA J.
 STREET ADDRESS 2966 DANIEL STREET
 CITY-ST-ZIP MARIANNA FL

TITLE VD
 NAME JENINGS, FOSTER L. JR.
 STREET ADDRESS 4259 2ND AVENUE
 CITY-ST-ZIP MARIANNA FL

TITLE SD
 NAME JENINGS, HELEN K.
 STREET ADDRESS 4259 2ND AVENUE
 CITY-ST-ZIP MARIANNA FL

TITLE TD
 NAME JENINGS, RAYMOND K.
 STREET ADDRESS 3305 COUNTRY CLUB DR
 CITY-ST-ZIP LYNN HAVEN FL

TITLE D
 NAME JENINGS, FOSTER L.
 STREET ADDRESS 4259 2ND AVENUE
 CITY-ST-ZIP MARIANNA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 1511 Connecticut Ave.
 1.4 CITY-ST-ZIP Lynn Haven, FL. 32444

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 6120 Beach Drive
 2.4 CITY-ST-ZIP Panama City Beach, FL. 32408

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 6120 Beach Drive
 3.4 CITY-ST-ZIP Panama City Beach, FL. 32408

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS 6120 Beach Drive
 5.4 CITY-ST-ZIP Panama City Beach, FL. 32408

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

Date

850-234-7352

Daytime Phone #

CR2E034 (1/98)