

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90008 050 ***150.00

DOCUMENT # 137269

1. Entity Name

HI-WAY AUTO PARTS CO.

Principal Place of Business

Mailing Address

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

**P.O. BOX 425
 P.O. BOX 425
 MARIANNA FLA 32447-0425
 US**

009701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0292027

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENINGS, FOSTER L.
 6120 BEACH DRIVE
 PANAMA CITY BEACH FL 32408**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **PHILLIPS, MONICA J.**
 STREET ADDRESS **1511 CONNECTICUT AVE**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **JENINGS, FOSTER L. JR.**
 STREET ADDRESS **6120 BEACH DRIVE**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **JENINGS, HELEN K.**
 STREET ADDRESS **6120 BEACH DRIVE**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Lynn Haven, FL. 32444**

TITLE **C** Delete
 NAME **JENINGS, FOSTER L.**
 STREET ADDRESS **6120 BEACH DRIVE**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FOSTER L. JENINGS** *Foster L. Jennings*

1-20-2000

850-234-7352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #