

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90020 007 ***150.00

0050413 AV

DOCUMENT # 137269

1. Entity Name

HI-WAY AUTO PARTS CO.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 9579

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Panama City Beach, Fl.

Zip

32417-9579

Country

Bay

4. FEI Number

59-0292027

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

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

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

TITLE **SD** Delete
NAME **JENINGS, HELEN K.**
STREET ADDRESS **6120 BEACH DRIVE**
CITY-ST-ZIP **~~LYNN HAVEN FL 32444~~**

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

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Panama City Beach, Fl. 32408-3529**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP 32414**

TITLE Change Addition
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 119.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

Date

850-234-7352

Daytime Phone #

CR2E034 (9/01)