

DOCUMENT # 137269

1. Entity Name  
HI-WAY AUTO PARTS CO.



**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business  
4509 LAFAYETTE ST  
MARIANNA FL 32447  
US

Mailing Address  
PO BOX 9579  
PANAMA CITY BEACH FL 32417-9579  
US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt #, etc.  
City & State  
Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-0292027 Applied For Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, MONICA J. 1511 CONNECTICUT AVE LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000609482 02/01/07-80052-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENINGS, FOSTER L. JR. 1907 SCARLETT BLVD LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENINGS, HELEN K. 6120 BEACH DRIVE PANAMA CITY BEACH FL 32408-3529 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENINGS, RAYMOND K. 3305 COUNTRY CLUB DR LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JENINGS, FOSTER L. 6120 BEACH DRIVE PANAMA CITY FL 32408-3529 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Foster L. Jenings* Foster L. Jenings, CEO & Chm. Brd. 1-13-07 (850) 234-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #