

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90296 032 ***150.00

DOCUMENT # 137269

1. Entity Name
HI-WAY AUTO PARTS CO.



30016703



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**4509 LAFAYETTE ST
P.O. BOX 425
MARIANNA FL 32447
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 9579
Suite, Apt. #, etc.

City & State
Panama City Beach, Fl.

4. FEI Number **59-0292027**

Applied For
 Not Applicable

Zip **32417-9579** Country **US**

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, 2003 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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PHILLIPS, MONICA J. | |
| STREET ADDRESS | 1511 CONNECTICUT AVE | |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | JENINGS, FOSTER L. JR. | |
| STREET ADDRESS | 6120 BEACH DRIVE | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32408 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JENINGS, HELEN K. | |
| STREET ADDRESS | 6120 BEACH DRIVE | |
| CITY-ST-ZIP | PANAMA CITY FL 32408-3529 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | JENINGS, RAYMOND K. | |
| STREET ADDRESS | 3305 COUNTRY CLUB DR | |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | JENINGS, FOSTER L. | |
| STREET ADDRESS | 6120 BEACH DRIVE | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32408 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | Panama City Beach, Fl. 32408-3529 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | Zip - 32408-3529 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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** **1-28-03** **850-234-7352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)