FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F1467

(2)

FILED Feb 04 1998 8:00am Secretary of State

PERSO	ns auto	D PARTS, INC.					1 (2012) 1/21 (101) 0/01 0/01 0/11 150 0/01 0/01	##
Delegated Disc	n of Division a		\$ 4 - 11: A -	1				
Principal Place of Business Mailing Address								
C/O JAMES W. DIETRICH 1320 KENTUCKY AVE 1320 KENTUCKY AVE 1320 KENTUCKY AVE ST CLOUD FL 34769 ST CLOUD FL 34769						DO NOT WRITE IN 3. Date incorporated or Qualified	THIS SPACE	
2. Principal P	lace of Busi	ness	2a. Mailing	2a. Mailing Address			01/13/1981 4. FEI Number	Applied For
21	•		26	26			59-2049137	Not Applicable
Suite, Apt.	#, etc.		Suite, /	Suite, Apt. #, etc.			5. Certificate of Status Desired	60.75
22			27				5. Certificate of Status Desired	Fee Required
Ofty & State =			 	City & Stato			6. Election Campaign Financing	\$5.00 May Be
Zip Country				Zip Country			Trust Fund Contribution	
24	25		29	2ip Coul			8. This corporation owes or has paid th Personal Property Tax due June 30.	e current year Intangible Yes No
•••	g, Name		urrent Registered A	gent	30		10. Name and Address of New Registe	
DIF	TRICH, JA				81	Name		
4725 RUMMELL RD.					82	Ctroot Ad	dress (P.O. Box Number is Not Acceptable)	
	CLOUD FL				102	SII BBI AU	dress (P.O. Box Number is Not Acceptable)	
3, 32, 32, 32, 31, 31, 31, 31, 31, 31, 31, 31, 31, 31					83			
1					84	City		85 Zip Code
					1.1	·		FL ()
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.								
¹ /SIGNATURE	Classian Land		ed agent and title if applicabl	Alcore	B			
7]2.	Signature, typau		S AND DIRECTORS	e (NOTE:	Heg stered Ago	nt signature req	uired when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	ĒΤ			DELETE	1.1 TITLE		ABBITION GENTALES TO OFFICE ITS	Change Addition
NAME DIETRICH, JAMES W				1.2 NAME				
STREET ADDRESS 4725 RUMMELL RD.				1.3 STREET A				
CITY-ST-ZIP	ST CLO	UD, FL 00000			1.4 CITY-SI	T - 71P		
TITLE	8			DELETE	21 TITLE			Change Addition
NAME		H, LINDA G.			2.2 NAME			
STREET ADDRESS		JMMELL RD.			2.3 STREET	ADDRESS		
CITY-ST-ZIP	ST. CLO	UD FL		DELETE	2.4 CITY-S	7 - ZIP		
TITLE				DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME Street adoress					3.2 NAME 3.3 STREET	ADDOLCO		
CITY-ST-ZIP					3.4. CITY-S			
TITLE				DELETE	4.1 TITLE	1 - EIF		Change Addition
NAME			,		4. 2 NAME			
STREET ADDRESS					4.3 STREET	ADDRESS		
CITY-ST-ZIP					4.4 CITY-ST			
TITLE				DELETE	5.1 TITLE			Change Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREET A	ADDRESS	·	
CITY-ST-ZIP					5.4 CITY-ST	- ZIP		
TITLE			Ī	DELETE	6.1 TITLE		·····	Change Addition
NAME					62 NAME			
STREET ADDRESS					6.3 STREET A	address		
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the					6.4 CITY-ST	- 7IP	0-0-140 07(0)(1.5)	
14. Thereby C	errily that the	e imormation supplic	an Mitu tuls tilluð góð:	s not quality for	trie exempt	ion stated it	n Section 119.07(3)(i), Florida Statutes. I furthi	or certify that the information

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

OLONIATURE.

36 W. C.

CTAMES W. DIRTRIC

1-14-50

403.862.60