

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

**FILED**

**May 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G71415 (5)**

1. Corporation Name  
**A B & B AUTO PARTS, INC.**



Principal Place of Business <b>RT. 3, BOX 1740 CALLAHAN FL 32011</b>	Mailing Address <b>RT. 3, BOX 1740 CALLAHAN FL 32011</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5803 S. KINGS RD</b>		2a. Mailing Address 26 <b>5803 S. KINGS RD.</b>		3. Date Incorporated or Qualified <b>11/23/1983</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-2347159</b>	
23 City & State <b>CALLAHAN FL</b>		28 City & State <b>CALLAHAN FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32011</b>		29 Zip <b>32011</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THOMPSON, A. BARNETT RT. 3, BOX 1740 CALLAHAN FL 32011</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>5803 S. KINGS ROAD</b>			
83 City <b>CALLAHAN</b>				84 City			
				85 Zip Code <b>FL 32011</b>			

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.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMPSON, A. BARNETT JR.</b>		1.2 NAME		
STREET ADDRESS	<b>RT. 3, BOX 1740</b>		1.3 STREET ADDRESS	<b>5803 S. KINGS RD</b>	
CITY-ST-ZIP	<b>CALLAHAN FL</b>		1.4 CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMPSON, D. DEBRA</b>		2.2 NAME		
STREET ADDRESS	<b>RT. 3, BOX 1740</b>		2.3 STREET ADDRESS	<b>5803 S. KINGS RD.</b>	
CITY-ST-ZIP	<b>CALLAHAN FL</b>		2.4 CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)