

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H03536** (0)
1. Corporation Name
ROUNTREE & PARRISH USED AUTO PARTS, INC.



Principal Place of Business
**% GLADYS PARRISH
5211 EAST BROADWAY
TAMPA FL 33619**

Mailing Address
**% GLADYS PARRISH
5211 EAST BROADWAY
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2410898	Applied For ☐ Not Applicable ☐
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent PARRISH, GLADYS 5211 EAST BROADWAY TAMPA FL 33619		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARRISH, GLADYS	1.2 NAME	
STREET ADDRESS	1919 53RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PARRISH, GEORGE	2.2 NAME	
STREET ADDRESS	1919 53RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PARRISH, RONALD	3.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 414-B3	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARN, CATHY	4.2 NAME	
STREET ADDRESS	4405 12TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: **Cathy Harn** **Cathy Harn** **ST** **4-22-98** **813 247-3744**

CR2E034 (10/97)