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

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**Apr 15, 1999 8:00 am**
**Secretary of State**
04-15-1999 90053 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H03536**

Corporation Name
ROUNTREE & PARRISH USED AUTO PARTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| GLADYS PARRISH | % GLADYS PARRISH |
| EAST BROADWAY | 5211 EAST BROADWAY |
| FL 33619 | TAMPA FL 33619 |

DO NOT WRITE IN THIS SPACE

| 1. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 410 Ware Blvd. | 26 410 Ware Blvd. |
| Suite, Apt. #, etc.: Suite 716 | 27 Suite, Apt. #, etc.: Suite 716 |
| City & State: Tampa, FL | 28 City & State: Tampa, FL |
| Zip: 33619 Country 25 | 29 Zip: 33619 30 Country: USA |

3. Date Incorporated or Qualified: 05/15/1984

4. FEI Number: 59-2410898 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes XX 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: John L. Jones
82 Street Address (P.O. Box Number is Not Acceptable): 410 Ware Blvd.
83 Suite 716
84 City: Tampa FL 85 Zip Code 33619

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: John L. Jones, President 3/24/99
signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | [X] DELETE | 1.1 TITLE | D/P/S/T | ☐ Change [X] Addition |
| NAME | PARRISH, GLADYS | | 1.2 NAME | Jones, John L. | |
| STREET ADDRESS | 1919 53RD STREET | | 1.3 STREET ADDRESS | 410 Ware Blvd., Suite 716 | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | Tampa, FL 33619 | |
| TITLE | D | [X] DELETE | 2.1 TITLE | CEO | ☐ Change X Addition |
| NAME | PARRISH, GEORGE | | 2.2 NAME | Dale Hageman | |
| STREET ADDRESS | 1919 53RD STREET | | 2.3 STREET ADDRESS | 210 Park Avenue, Suite 1200 | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | Oklahoma City, OK 73102 | |
| TITLE | PD | [X] DELETE | 3.1 TITLE | | ☐ Change X 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 | [X] 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, with all other like empowered.

SIGNATURE: John L Jones 3/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)