

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 137269

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC1342228027**

**Entity Name:** HI-WAY AUTO PARTS CO.

**Current Principal Place of Business:**

4509 LAFAYETTE ST  
MARIANNA, FL 32446

**Current Mailing Address:**

PO BOX 9579  
PANAMA CITY BEACH, FL 32417-9579 US

**FEI Number:** 59-0292027

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JENINGS, FOSTER L.  
6120 BEACH DRIVE  
PANAMA CITY BEACH, FL 32408 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PHILLIPS, MONICA J.  
Address 1511 CONNECTICUT AVE  
City-State-Zip: LYNN HAVEN FL 32444

Title VD  
Name JENINGS, FOSTER L. JR.  
Address 1907 SCARLETT BLVD  
City-State-Zip: LYNN HAVEN FL 32444

Title STD  
Name JENINGS, RAYMOND K.  
Address 3305 COUNTRY CLUB DR  
City-State-Zip: LYNN HAVEN FL 32444

Title C  
Name JENINGS, FOSTER L.  
Address 6120 BEACH DRIVE  
City-State-Zip: PANAMA CITY FL 32408-3529

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FOSTER JENINGS

**PRES**

**03/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date