

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90081 029 ***150.00

DOCUMENT # 137269

1. Entity Name

HI-WAY AUTO PARTS CO.



Principal Place of Business

4509 LAFAYETTE ST
P.O. BOX 425
MARIANNA FL 32447
US

Mailing Address

PO BOX 9579
PANAMA CITY BEACH FL 32417-9579
US

50018567



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0292027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PHILLIPS, MONICA J.
STREET ADDRESS 1511 CONNECTICUT AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME JENINGS, FOSTER L. JR.
STREET ADDRESS 6120 BEACH DRIVE
CITY-ST-ZIP PANAMA CITY FL 32408-3529

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1907 Scarlett Blvd.
CITY-ST-ZIP Lynn Haven, Fl. 32404

TITLE SD ☐ Delete
NAME JENINGS, HELEN K.
STREET ADDRESS 6120 BEACH DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408-3529

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME JENINGS, RAYMOND K.
STREET ADDRESS 3305 COUNTRY CLUB DR
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME JENINGS, FOSTER L.
STREET ADDRESS 6120 BEACH DRIVE
CITY-ST-ZIP PANAMA CITY FL 32408-3529

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Foster L. Jenings

Foster L. Jenings

2-17-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #