

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 036 ***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



2. Principal Place of Business

4509 Lafayette St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marianna, Fl.

City & State

4. FEI Number

59-0292027

Applied For

Not Applicable

Zip

32447

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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

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

TITLE VD ☐ Delete
NAME JENINGS, FOSTER L. JR.
STREET ADDRESS 1907 SCARLETT BLVD
CITY-ST-ZIP LYNN HAVEN FL 32444

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-06

(850) 234-7352