

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 16 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # 172515 (9)

1. Corporation Name

JOINER'S AUTO PARTS, INC.

Principal Place of Business

Mailing Address

136 W. ORANGE STREET
C/O E SINGLETARY/P O BOX 730
APOPKA FL 32703-4212
US

P O BOX 730
APOPKA FL 32704-0730
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 534

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

31779

3. Date Incorporated or Qualified

02/27/1953

4. FEI Number

59-0891992

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 or has paid the current year intangible
Personal Property Tax due June 30

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM J MCLEOD, ESQUIRE
48 E MAIN ST
APOPKA FL 32703

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed in block of registered agent and filed separately

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME SINGLETARY, ELAINE C
STREET ADDRESS RT 2 LAKESHORE DR BX 28A
CITY-ST-ZIP PELHAM GA

DELETE

TITLE VTD
NAME JOINER JR, FRED V
STREET ADDRESS ROUTE 2 BOX 2550
CITY-ST-ZIP HAWKINSVILLE GA

DELETE

TITLE PDS
NAME FERGUSON, MARY J.
STREET ADDRESS 136 W. ORANGE STREET
CITY-ST-ZIP APOPKA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

700002566877-0
-06/19/98--01118--021
****150.00 ****150.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

CR2E034 (10/97)

B. 6/17 two pages

June 4, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

I just found out today that my corporate renewal for 1998 was not filed by May 1, 1998. My daughter has been in the hospital and unable to keep up with the day to day responsibilities of managing the affairs of my corporation since I live in Georgia. I would appreciate the Division waiving the late filing penalty due to my daughters health problems. This is not a made up excuse and I would be glad to furnish you her doctor and hospital records. I am enclosing my check for \$ 150.00 in anticipation of your assistance.

Thank-you in advance for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Elaine Singletary".

Elaine Singletary
P.O. Box 534
Pelham, GA 31779