


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

FILED
May 07 1998 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
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| DOCUMENT # 227813 (3) 1. Corporation Name MAJOR AUTO PARTS, INC. | | | |
| Principal Place of Business 4419 N WESTSHORE BLVE TAMPA FL 33614 US | | Mailing Address 3219 SAN CARLOS ST. TAMPA FL 33629 US | |
| 2. Principal Place of Business 21 3219 SAN CARLOS ST Suite, Apt. #, etc. 22 TAM City & State 23 Tampa FL Zip 24 33629 Country 25 Hillsborough | | 2a. Mailing Address 26 3219 SAN CARLOS ST Suite, Apt. #, etc. 27 TAM City & State 28 Tampa FL Zip 29 33629 Country 30 Hillsborough | |
| 9. Name and Address of Current Registered Agent MYERS, ERIC 4419 N WESTSHORE TAMPA FL 33614 | | 10. Name and Address of New Registered Agent 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 ERIC L MYERS DATE 4-28-98 <small>Signature typed or printed name of registered agent and title if acceptable (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| 12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME MYERS, ERIC STREET ADDRESS 4215 N. WESTSHORE BLVD CITY - ST - ZIP TAMPA FL 33614 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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. | | | |



DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 09/10/1959 | |
| 4. FEI Number 59-0877296 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

CR2E034 (10/97)