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

DOCUMENT # 231015

(9)

LAKELAND MOTOR PARTS INC

Principal Plac	e of Business	Mailing Address			MYMSE MUMSI MIMIS SOMS
J.R. MANN		J.R. MANN			
113-117 W LEMON ST. P.O. BOX 1646		113-117 W. LEMON ST. P.O. BOX 1646		DO NOT WRITE IN THIS SPACE	
LAKELAND FL 33802		LAKELAND FL 33802		3. Date Incorporated or Qualified	
				01/01/1960	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-0878817	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			8.75 Additional
22		27		5. Certificate of ofatos besifed	Fee Required
City & Stat	te	City & State		· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current Personal Property Tax due June 30.	
24	25 g. Name and Address of Curre		30	Personal Property Tax due June 30. You Name and Address of New Registered Age	
		iit Registered Agent	81 Name	10. Name and Address of their Hegistered Age	
	NN, JACK R				
113 W LEMON ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LAI	KELAND FL 33801		83		
			84 City	FL ⁸	5 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose of cha	anging 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.					
	arrania was ara accept the con	janono si, esquei, es lesta, l'el			•
SIGNATURE	Signature, typed or printed name of registered as	jent and title if applicable. (NOTE	Registered Agent signature requi	ired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	1 AT				
	ST	☐ DELETE	1.1 TITLE		Change
NAME	MANN, JESSICA B.	☐ DELETE	1.2 NAME		
NAME STREET ADDRESS	MANN, JESSICA B. 911 E. HIGHLANDS DR.	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS		
STREET ADORESS CITY-ST-ZIP	MANN, JESSICA B. 911 E. HIGHLANDS DR. LAKELAND, FL 00000		1.2 NAME 1.3 STREET ADDRESS 1.4 CHY+ST-ZIP		Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANN, JESSICA B. 911 E. HIGHLANDS DR. LAKELAND, FL 00000 PD MANN, JACK R		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANN, JESSICA B. 911 E. HIGHLANDS DR. LAKELAND, FL 00000 PD MANN, JACK R 911 E. HIGHLANDS DR.		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
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STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE	MANN, JESSICA B. 911 E. HIGHLANDS DR. LAKELAND, FL 00000 PD MANN, JACK R 911 E. HIGHLANDS DR.		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
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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.

TACK R. MANN

SIGNATURE:

1-19-98 941 683-1313

FILED

Jan 28 1998 8:00am

Secretary of State