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

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

FILED Feb 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)260653 MARRS AUTO PARTS INC Principal Place of Business Mailing Address 1855 SUSSEX DR MOUNT DORA FL 32757 1855 SUSSEX DR MOUNT DORA FL 32757 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1962 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-0974031 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zipi Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo GILBREATH, MARGARET 1855 SUSSEX DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) **MOUNT DORA FL 32757** 83 84 City 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/aguitar with, and accept the objection 607.0505, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition GILBREATH, JACK NAME 12 NAME 1500 CHAROLOTTE DR STREET ADDRESS 1.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition STD Change TITLE 21 TITLE GILBREATH, MARGARET NAME 2.2 NAME 1855 SUSSEX DR STREET ADDRESS 2.3 STREET ADDRESS **MOUNT DORA FL 32757** CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE ☐ Addition 3 1 TILE TITLE GILBREATH, DAN 3.2 NAME NAME **6041 HANCOCK RD** 3.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition 6 1 TITLE ☐ Change

6.2 NAME

14. Thereby 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 suppliemental 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 attriction with an address.

Hiller att

6.3 STREET ADDRESS

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