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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

| | UMENT # 260653 ation Name as auto parts inc | 3 | | 02-18-1999 90004 001 ****150.00 | |
|--|---|---|--|--|---|
| 1855 SUSSE | lace of Business EX DR RA FL 32757 | Mailing Address 1855 SUSSEX DR MOUNT DORA FL 32757 US | | DO NOT WRITE IN THIS SI | |
| 2. Principa | l Place of Business | 2a. Mailing Address | | 3. Date Incorporated or Qualified07/02/19624. FEI Number | Applied For |
| 22 | pt. #, etc. | Suite, Apt. #, etc. | | 59-0974031 5. Certificate of Status Desired □ | Not Applicable \$8.75 Additional |
| City & S | Country . | City & State 28 Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 9. Name and Address of Curren | 29 | 30 | 8. This corporation owes the current year Intang Personal Property Tax. 10. Name and Address of New Registered Age. | lYes DNo |
| | | | 83 84 City | FL 8 ration submits this statement for the purpose of char's board of directors. I hereby accept the appointment | 5 Zip Code nging its registered ent as registered |
| 12. | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signature required w | when reinstation) | |
| TITLE | OFFICERS AN | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND D | IDEOTORO IN CO |
| NAME STREET ADDRESS CITY-ST-ZIP | GILBREATH, JACK 1500 CHAROLOTTE DR SEBRING FL | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | · · | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MOUNT DORA FL 32757 | ☐ DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Gilbreath, dan 6041 Hancock RD FT Lauderdale Fl | □ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ DELETE | 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | hange Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | hange Addition |
| NAME STREET ADDRESS STY-ST-ZIP | | □ DĒLETĒ | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS | _ CH | nange. Addition |

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3521 383-4753