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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of \$tate
DIVISION OF CORPORATIONS

DOCUMENT # 291554

(4)

JAC MAC AUTO PARTS, INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



890 NE DIXIE I JENSEN BEACI		890 NE DIXIE HWY JENSEN BEACH FL 34957	890 NE DIXIE HWY JENSEN BEACH FL 34957-6109									
						3. Date Incorporate 04/01/1965	3. Date Incorporated or Qualified 04/01/1965			3a. Date of Last Report 04/30/1996		
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	*****			Applied For		
21		26				59-1106783				Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Sta	5. Certificate of Status Desired See Required Fee Required					
City & State	0	City & State	⊢-ı ´			6. Election Campa Trust Fund Cont	n Campaign Financing \$5.00 May Be und Contribution Added to Fees					
Zip 24	Country 25	Zip 29	Coun	try		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutos 🐰 🔲 Yes 🔲 No						
9. Name and Address of Current Registered Agent						10. Name and Add	ress of New	Registered	Agent			
MCLENDON, ROBERT J.					Name	2.5 2.6	· (5)					
1548 NE 21ST TERRACE JENSEN BEACH FL 34957				32	Street Ad	ldress (P.O. Box Number is Not Acceptable)						
			8	33		().			,			
			8	34	City		*	FL	85 Zır	Code		
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, Florida Statu n the State of Florida. Such change was t the obligations of, Section 607.0505, F	ites, the abo	ove	-named c	orporation submits this sta	thereby a	he purpose o	f changing	its registered		
agent. la	m familiar with, and accept	the obligations of, Section 607.0505, F	lorida Statu	les.		ration o board of throotory	. 11101009 0	oope no up		is regionored		
SIGNATURE	Tout 1.	registered agent and this if applicable (NO	Or Donatand		Taring along an	quired when reinstating)	ام 	4-24	- 97			
12.		ICERS AND DIRECTORS	13.	Ager.	a e gnature re	ADDITIONS/CHA	NGES TO O	FFICERS AND	DIRECTO	DRS IN 12		
THLE	PO	DELETE	11111	E			3		Change			
NAME	MCLENDON, DENISE		1.2 NAN	AE.			3. 4.			[
STREET ADDRESS	746 N.E. RIVER TERR		1.B STR	EET A	ADDRESS	W.				li li		
CITY-ST-ZIP	JENSEN BEACH FL		1.4 C(T)		- ZIP	<u> </u>						
TITLE	SD LICA	☐ DELETE	2.1 1111			8			Change	Addition		
NAME	NOVARRO, LISA 746 N.E. RIVER TERR	D TCDD		2.P NAME		ϵ_{i} ,	50.0			1		
STREET ADDRESS	JENSEN BEACH FL	,	2.8 STREET ADDRESS		in the second se	4.V.						
CITY-ST-ZIP TITLE			2. 4 CIT	4 CITY-S1 - ZIP					☐ Change	Addition		
NAME	PATTON, THERESA		1	3.2 NAME		**	· '80 .6		Onange	Account !		
STREET ADDRESS	1548 NE 21ST TERR.				ADDRESS	*	4.9					
CITY-ST-ZIP	JENSEN BEACH FL		3 4. 011									
TITLE	MD	DELETE	4.1 101			2,1	***		Change	Addition		
NAME	MCLENDON, ROBERT	[*] J.	4.2 NAI	ME		191	14.9					
STREET ADDRESS	1548 NE 21ST TERR.		4.3 STR	EET	ADDRESS	A.						
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY	/- ST	1-21P	V. 1						
TITLE		☐ DELETE	5.1 TITL	F		£1.			Change	Addition		
NAME			5.2 NAM			1						
STREET ADDRESS					ADDRESS	* **	· (4)					
CITY-ST-ZIP		DELFT	5.4 C/TY		- ŽIP				Channe	Addition		
TITLE		L] DELETE	611111						Change	Addition		
NAME CORET ADDDECS			62 NAN		ADODECC	14	, year					
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP	by certify that the information	on supplied with this filing does not gua	6.4 CITS			ted in Section 119 07(3)(i	Florida Sta	tutes I furthe	r certify the	at the		

and one report certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Horida Statutes, I further certify into 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 eath; 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.

CIGNIATIIDE.

Parkeletist V

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4-24-97 561-354-778