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Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **291554** **(4)**

1. Corporation Name
JAC MAC AUTO PARTS, INC.

Principal Place of Business	Mailing Address
890 NE DIXIE HWY JENSEN BEACH FL 34957	890 NE DIXIE HWY JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1965

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-1106783** ☒ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCLENDON, ROBERT J.
1548 NE 21ST TERRACE
JENSEN BEACH FL 34957

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCLENDON, DENISE		1.2 NAME		
STREET ADDRESS	746 N.E. RIVER TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOVARRO, LISA		2.2 NAME		
STREET ADDRESS	746 N.E. RIVER TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATTON, THERESA		3.2 NAME		
STREET ADDRESS	1548 NE 21ST TERR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCLENDON, ROBERT J.		4.2 NAME		
STREET ADDRESS	1548 NE 21ST TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Robert J. McLendon 4-15-98