FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 326339 (9)

QUALITY BRAKES AND PARTS, INC.

Principal Place of Business	Mailing Address
10126 NORTHWEST 27 AVE MIAMI FL 33147	10126 NORTHWEST 27 AVE MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1968

3a. Date of Last Report: 08/12/1994

4. FEI Number: 59-1205260 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This Corporation has a liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business — 2a. Mailing Address

Suite, Apt. #, etc. — City & State — Zip — Country

9. Name and Address of Current Registered Agent

CAPDEVILA, ROBERTO
1350 W 35TH ST
HIALEAH FL

10. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable):

City: FL 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: ______ DATE: ______

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	CAPDEVILA, MIRELLA
STREET ADDRESS	1350 W 35TH ST
CITY-ST-ZIP	HIALEAH FL
TITLE	PD
NAME	CAPDEVILA, ROBERTO
STREET ADDRESS	1350 W 35TH ST
CITY-ST-ZIP	HIALEAH FL
TITLE	V
NAME	CAPDEVILA, MIREYA
STREET ADDRESS	1350 W 35TH STREET
CITY-ST-ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: [signature] (Roberto Capdevila) 5/10/95 305-691-6462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0161506 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED
MAY
FILED

12:27

TALLAHASSEE, FLORIDA

DOCUMENT # **327931** **(2)**

1. Corporate Name

JMH SERVICES, INCORPORATED

Principal Place of Business:

11719 MARTHA'S VINEYARD COURT
JACKSONVILLE FL 32225

Mailing Address:

11719 MARTHA'S VINEYARD COURT
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1968**

3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business
21
22 Suite, Apt. # or Bldg.
23 City & State

2a. Mailing Address
26
27 Suite, Apt. # or Bldg.
28 City & State

24 25 29 30

4. FEI Number: **59-1233545** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has initially no intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HIGH, JAMES M.
11719 MARTHAS VINYARD CT
JACKSONVILLE FL 32225

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 Section 607.0502 and/or 617.0502, 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 changes are authorized by resolutions duly adopted by its board of directors. I hereby accept the appointment as registered agent (and am familiar with and accept the obligations of registered agent) under Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS/CHANGES TO OFFICER AND DIRECTOR DATA
Title	VD	☐ Change ☐ Addition
Name	HIGH, TARA LEA	
Address	11719 MATHAS VINYARD CT	
City-State-Zip	JACKSONVILLE FL	
Title	PD	☐ Change ☐ Addition
Name	HIGH, JAMES M	
Address	11719 MARTHAS VINYARD CT	
City-State-Zip	JACKSONVILLE FL	
Title	ST	☐ Change ☐ Addition
Name	HIGH, KATHLEEN M.	
Address	11719 MARTHA VINEYARD CT	
City-State-Zip	JACKSONVILLE FL	
Title		☐ Change ☐ Addition
Name		
Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-State-Zip		

14. I declare, certify, that the information supplied with this report, including any attached additional pages, is true and correct, as required by the corresponding statute(s) (Section 607.0502(1)(g), Florida Statutes). I further certify that the information indicated on the annual report or supplemental annual report(s) does not include any changes that would require the filing of articles of amendment (Section 607.1006, Florida Statutes). That I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, added or deleted) above or on an attachment with an address.

SIGNATURE: J M High
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95
Date

9046914342
Daytime Phone Number

0010619 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 329023 (6)

1. Corporation Name

RITE-FLO SUPPLY, INC.

Principal Place of Business	Mailing Address
4909 W HANNA AVE TAMPA FL 33634	4909 W HANNA AVE TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1968
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-1210966 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUHLING, IRENE C 4909 W HANNA AVE TAMPA FL 33634	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	1.1 TITLE [ ] Change [ ] Addition
NAME	KUHLING, IRENE C	1.2 NAME
STREET ADDRESS	13905 PAGLEN RD	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE [ ] Change [ ] Addition
NAME	KUHLING, JOHN J	2.2 NAME
STREET ADDRESS	8111 LUTZ LAKE FERN RD	2.3 STREET ADDRESS
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP
TITLE	VPS	3.1 TITLE [ ] Change [ ] Addition
NAME	KUHLING, JOHN J	3.2 NAME
STREET ADDRESS	8111 LUTZ LAKE FERN RD	3.3 STREET ADDRESS
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE [ ] Change [ ] Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE [ ] Change [ ] Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE [ ] Change [ ] Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 5-15-95 (813)884-7535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Irene C. Kuhling — DATE — DAYTIME PHONE #

0301030 CP