

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

FILED  
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 # 368306 (7)

1. Corporation Name

BEARINGS & PARTS WAREHOUSE, INC.

Principal Place of Business

1807 N. TAMPA STREET  
TAMPA FL 33602

Mailing Address

1807 N. TAMPA STREET  
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/13/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1308482	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN R. LEWIS  
333 SHORE DR. EAST  
OLDSMAR FL 34677

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>POVT</del>	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JOHN R		1.2 NAME	LEWIS, JOHN R	
STREET ADDRESS	333 SHORE DRIVE E.		1.3 STREET ADDRESS	333 SHORE DR EAST	
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JOHN R		2.2 NAME	LEWIS, JOHN R	
STREET ADDRESS	11338 BLACKBARK DR.		2.3 STREET ADDRESS	333 SHORE DR EAST	
CITY-ST-ZIP	RIVERVIEW FL		2.4 CITY-ST-ZIP	OLDSMAR, FLA 34677	
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JOHN R		3.2 NAME	LEWIS, JOHN R	
STREET ADDRESS	1002 E. ELICOTT ST.		3.3 STREET ADDRESS	333 SHORE DR EAST	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	OLDSMAR FLA 34677	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. LEWIS		4.2 NAME	GRANT, BOBBY G	
STREET ADDRESS	333 SHORE DR. EAST		4.3 STREET ADDRESS	11338 BLACKBARK DR	
CITY-ST-ZIP	OLDSMAR FL		4.4 CITY-ST-ZIP	RIVERVIEW, FLA	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGSBY, JEFFREY J.		5.2 NAME	GRIGSBY, JEFFREY J.	
STREET ADDRESS	6311 S. CAMERON AVE.		5.3 STREET ADDRESS	6311 S. CAMERON AVE	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA, FL 33616	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)