


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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **437907** (9)  
1. Corporation Name  
**ONECO AUTO PARTS, INC.**

Principal Place of Business <b>6730 15TH ST. EAST SARASOTA FL 34243</b>	Mailing Address <b>6730 15TH ST. EAST SARASOTA FL 34243</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/10/1973</b>	
21		26		4. FEI Number <b>59-1493442</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**REID, LYNN A.  
122 HOLLY AVENUE  
SARASOTA, FL . 34243**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	STD	<input type="checkbox"/> DELETE
	NAME	REID, JUDY A.	
	STREET ADDRESS	122 HOLLY AVENUE	
	CITY-ST-ZIP	SARASOTA FL	
	TITLE	PD	<input type="checkbox"/> DELETE
	NAME	REID, LYNN A	
	STREET ADDRESS	122 HOLLY AVENUE	
	CITY-ST-ZIP	SARASOTA FL	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME
1.3	STREET ADDRESS
1.4	CITY-ST-ZIP
2.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME
2.3	STREET ADDRESS
2.4	CITY-ST-ZIP
3.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME
3.3	STREET ADDRESS
3.4	CITY-ST-ZIP
4.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME
4.3	STREET ADDRESS
4.4	CITY-ST-ZIP
5.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME
5.3	STREET ADDRESS
5.4	CITY-ST-ZIP
6.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME
6.3	STREET ADDRESS
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

SIGNATURE: **LYNN A. REID**

4-1-98

941-758-4687

CR2E034 (10/97)