

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 442699 (5)
1. Corporation Name
PAUL'S PARTS & EQUIPMENT, CO.

Principal Place of Business
212 NORTH BARFIELD HWY.
PAHOKEE FL 33476

Mailing Address
212 NORTH BARFIELD HWY.
PAHOKEE FL 33476



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1974	
21		26		4. FEI Number 59-1142599	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SASSER (FAITH)
212 N. BARFIELD HWY
PAHOKEE FL 33476

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V/D
NAME	SASSER, JAMES P.	1.2 NAME	
STREET ADDRESS	212 N. BARFIELD HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	SASSER, FAITH	2.2 NAME	
STREET ADDRESS	212 N BARFIELD HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	SIT
NAME	LYNDA KIRCHMAN	3.2 NAME	EUGENE S. LASSITER
STREET ADDRESS	1224 STILLWELL RD	3.3 STREET ADDRESS	437 BACON POINT ROAD
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

Faith Sasser

FAITH SASSER

2/7/98

561/924-5631

CR2E034 (10/97)