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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90096 046 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 444297

1. Corporation Name

SHERWOOD AUTO PARTS, INC.

Principal Place of Business
**7257 NEW KING ROAD
JACKSONVILLE FL 32219-3872**

Mailing Address
**7257 NEW KING ROAD
JACKSONVILLE FL 32219-3872**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1974

4. FEI Number

59-1501871

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FRANKLIN, ROY LEE
2182 WEST 14TH STREET
JACKSONVILLE FL 32209**

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

TITLE **PD** ☐ DELETE
NAME **FRANKLIN, ROY LEE**
STREET ADDRESS **2182 W. 14TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **FRANKLIN, BARBARA F.**
STREET ADDRESS **2182 W. 14TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE
NAME **FRANKLIN, CLYDE B.**
STREET ADDRESS **5556 SOUTEL DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT** ☐ DELETE
NAME **FRANKLIN, MAJOR**
STREET ADDRESS **8419 DUBLIN CT.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE
NAME **FISHER, MAXINE**
STREET ADDRESS **6234 WOODLAWN CT.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **FRANKLIN, SHIRLEY**
STREET ADDRESS **8419 DUBLIN CT.**
CITY-ST-ZIP **JACKSONVILLE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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, with all other like empowered.

SIGNATURE: *Roy Lee Franklin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99 1 84 7641495
Date Daytime Phone #