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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

2. Principal Place of Business

GRAY, TOMMY 2031 NW 4TH AVE

OCALA FL 34475

Suite, Apt. #, etc.

City & State

2031 N. W. 4TH AVENUE

OCALA FL 34475

21

22

23

24

Zip

506095

(9)

Mailing Address

OCALA FL 32670

2a. Mailing Address

City & State

28

29

Suite, Apt. #, etc.

2031 N. W. 4TH AVENUE

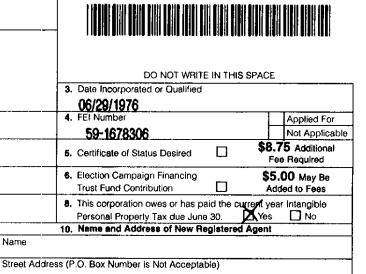
K AND K TRUCK AND TRAILER PARTS, INC.

Country

9. Name and Address of Current Registered Agent

25

FILED May 05 1998 8:00am Secretary of State



Country

81

83 84 City

Name

30

office or r agent. I a	registered agent, or both, in the State of Florida. Such chaim familiar with, and accept the obligations of, Section 60'	rida Statutes, inge was autl 7.0505, Florid	the above-hamed o horized by the corpo la Statutes.	corporation submits this st pration's board of director	atement for the purpose of chang s. I hereby accept the appointme	ing its regis nt as registe	stered ered
SIGNATURE Signature, typod or printed name of registered agent and title if upp-loable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	INOIE N	13.		ANGES TO OFFICERS AND DIRE	CTORS IN 1	2
TITLE	VP □	DELETE	1.1 TITLE	7122111011070111	☐ Ch		Lddition
NAME	RUTH, MARK		1.2 NAME		<u> </u>		
STREET ADDRESS	2031 NW 4TH AVE		1.3 STREET ADORESS				
CITY-ST-ZIP	OCALA FL		1.4 CITY - ST - ZIP				
TITLE		DELETE	2.1 TITLE		□ Ch	nge A	ddition
NAME	GRAY, TOMMY		2.2 NAME		•	··••	
STREET ADDRESS	2031 NW 4TH AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		2. 4 CITY-ST-ZIP		and the second second		
TITLE		DEL ete	3.1 TITLE		Ch	inge 🔲 A	ddition
NAME			3.2 NAME			• -	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		ELETE	4.1 TITLE		☐ Cha	ange 🔲 Ai	ddition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP				İ
TITLE		DELETE	5.1 TITLE		☐ Cha	inge A	ddition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		ELETE	6.1 TITLE		Cha	inge A	ddition
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STREET ADDRESS				
			I +				

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 corpolation or the receiver or trustree 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 attactive or trustree made and the statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or supplemental annual report or trustree in supplemental annual report of the corporation or the receiver or trustree in supplemental annual report or supplemental annual report or trustree in supplemental annual repo

Zip Code