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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME

**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 648604 (7)COASTAL AUTO PARTS, INC. Principal Place of Business Mailing Address 7 EAST 15TH STREET 7 EAST 15TH STREET PANAMA CITY FL 32405 PANAMA CITY FL 32405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-1957536 21 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PRATHER, SOLOMON 7 EAST 15TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 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 re DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change PRATHER, SOLOMON 1.2 NAME NAME 7 E. 15TH ST. STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change ☐ Addition TITLE PRATHER, ALAN 2.2 NAME 7 E. 15TH ST. STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition PRATHER, JOEL NAME 3.2 NAME 7 E. 15TH ST. STREET ADDRESS 3.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Сћалде 41 TITLE Addition NAME PRATHER, TIMOTHY 4 2 NAME 7 E. 15TH ST. STREET ADDRESS 4.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 supplificiental 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 of the recipited 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 for on an attribute an address.

Change

Addition

6.1 TITLE

6.2 NAME

DELETE