2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am DOCUMENT # 809310 **Secretary of State** 1. Entity Name ANDERSON AUTO PARTS COMPANY INC 02-01-2001 90099 013 ***150.00 Principal Place of Business Mailing Address % FRANK HILES % FRANK HILES 2347 17TH STREET 2347 17TH STREET SARASOTA FL 34234-1902 SARASOTA FL 34234-1902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 57-0115160 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILES, FRANK L 2347 17TH STREET V-3552 SARASOTA FL 34234 8. The above named entity statement و the purpose of changing its registered office or registered agent, or both, in the State of Florida. Anthony J. Cantwell, Manager 01-20-01 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSD TITLE Delete ☐ Addition CR2E034 (10/00) TITLE ☐ Change ANDERSON, C R NAME NAME 410 HAMPTON ROAD STREET ADDRESS STREET ADDRESS WILLIAMSTON SC 29627 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ANDERSON, B.A. NAME NAME 220 S. ACADEMY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE SC 29601** TITLE ☐ Delete TITLE ☐ Change Addition 'ANDERSON; H.G.; III -----NAME' STREET ADDRESS **506 TIMBERLAND** STREET ADDRESS CITY-ST-ZIP ANDERSON SC CITY-ST-ZIP Delete Change TITLE HILES, FRANK L. Decensed TITLE Addition NAME NAME 2347 17TH STREET STREET ADDRESS STREET ADDRESS City-ST-ZIP SARASOTA FL CITY-ST-7IP Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if with all other like empowered.

SIGNATURE:

01-10-01 864-226-1500