


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2008 08:00 AM  
Secretary of State

|  |   |
|--|---|
| DOCUMENT # F95000001475                                    |  |
| 1. Entity Name<br>COVINGTON HEAVY DUTY PARTS, INCORPORATED |   |

|   |   |
|---|---|
| Principal Place of Business<br>1000 WEST BY PASS<br>ANDALUSIA, AL 36420 | Mailing Address<br>P.O. BOX 1049<br>ANDALUSIA, AL 36420 |
|---|---|

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

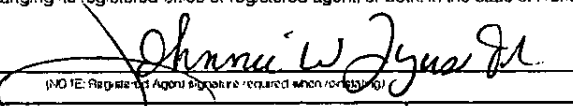
|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>63-0778102  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

ANDREWS, MICHAEL  
1280 SOUTH WEEKS STREET  
BONIFAY, FL 32425  
Tyus, Johnnie W. Jr.  
10540 Chemstrand Rd.  
Pensacola, FL 32514

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Johnnie W. Tyus, Jr.  15 JAN 08  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when not applicable) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>PATE, JIMMY E<br>25792 SOLES LN<br>ANDALUSIA, AL 36421             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PATE, TODD<br>1108 TANGLEWOOD DRIVE<br>ANDALUSIA, AL 36421          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PATE, DIANE L<br>PO BOX 1456 N RIVER FALLS RD<br>ANDALUSIA, AL 36420 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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02/07/08-80012-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1-29-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #