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

Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (1)G50815 ZIM'S PARTS WORLD, INC. Principal Place of Business Mailing Address C/O SANDRA J ZIMMERMAN 2312 S. FLORIDA AVE. 2312 SOUTH FLORIDA AVE LAKELAND FL 33803 DO NOT WRITE IN THIS SPACE LAKELAND FL 33803 3. Date Incorporated or Qualified 07/21/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 59-2322885 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Yes 24 25 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name BRISCOE, SANDRA J 2312 SOUTH FLORIDA AVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 83 84 City 85 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition 1.1 TITLE TITLE BRISCOE, SANDRA J NAME 1.2 NAME 2312 SOUTH FLORIDA AVE STREET ADORESS 1.3 STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME LOHMANN, KEITH A 2.2 NAME STREET ADDRESS 2312 SOUTH FLORIDA AVE 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2. 4 CITY - ST- 2IP DELETE Change Addition THILE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 City-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

FILED

14. Thereby 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 for on an attachment with an address.

SIGNATURE:

Company of the corporation of 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 for on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP