

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

FILED
Mar 20 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # J03575 (4)

1. Corporation Name
JACKSONVILLE TRUCK PARTS, INC.

Principal Place of Business

150 NORTH ELLIS RD.
JACKSONVILLE FL 32254
US

Mailing Address

150 NORTH ELLIS RD.
JACKSONVILLE FL 32254
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1986

4. FEI Number

59-2689686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEMPSEY, EDWARD A., JR.
1124 EDGEWOOD AVENUE, SOUTH
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name LINDELL, J. MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)
233 East Bay Street, Suite 620

83

84 City Jacksonville

FL

85 Zip Code 32202

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 required when reinstating)

DATE

2/10/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BREESE, H. WAYNE
STREET ADDRESS 531 GULFSTREAM CIRCLE N
CITY-ST-ZIP ORANGE PARK FL ☐ DELETE

TITLE STD
NAME BREESE, JUDITH ANN
STREET ADDRESS 531 GULFSTREAM CIRCLE N
CITY-ST-ZIP ORANGE PARK FL ☐ DELETE

TITLE D
NAME DEMPSEY, EDWARD A., JR.
STREET ADDRESS 1124 EDGEWOOD AVE., S.
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 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, or on an attachment with an address.

SIGNATURE:

H. W. Brees

CR2E034 (10/97)