

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90057 048 ***150.00

DOCUMENT # J53245

1. Corporation Name

BARRETT'S HEAVY DUTY TRUCK PARTS, INC.

Principal Place of Business

% ROBERT BARRETT
8677 NORTH OLD PALAFOX HIGHWAY
PENSACOLA FL 32514

Mailing Address

% ROBERT BARRETT
8677 NORTH OLD PALAFOX HIGHWAY
PENSACOLA FL 32514

2. Principal Place of Business

21 71 E. ENSLEY ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 71 E. ENSLEY ST

Suite, Apt. #, etc.

City & State

23 PENSACOLA, FL

Zip

24 32534

Country

25 ESCAMBIA

City & State

28 PENSACOLA, FL

Zip

29 32534

Country

30 ESCAMBIA

9. Name and Address of Current Registered Agent

BARRETT, ROBERT
8677 NORTH OLD PALAFOX HIGHWAY
PENSACOLA FL 32514

3. Date Incorporated or Qualified

01/20/1987

4. FEI Number

59-2772616

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 the current year intangible

Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Robert Barrett

82 Street Address (P.O. Box Number is Not Acceptable)

83

71 E. Ensley St.

84 City

Pensacola

FL

85 Zip Code

32534

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

Robert W. Barrett

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert W. Barrett owner 1/6/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BARRETT, ROBERT W.
STREET ADDRESS 1613 KINSALE DRIVE
CITY-ST-ZIP CANTONMENT FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert W. Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/98

Date

(850) 474-1923

Daytime Phone #

CR2E034 (11/98)

0667536