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Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04520** (7)
1. Corporation Name
WHOLESALE TRAILER PARTS, INC.



Principal Place of Business Mailing Address
30008 46TH AVENUE NORTH
#205
ST PETERSBURG FL 33714-3816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/24/1989

2. Principal Place of Business 21 2922 46th Avenue N Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33714 Country 25	2a. Mailing Address 26 2922 46th Avenue N Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33714 Country 30	4. FEI Number 59-2962111 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

NOWLING, JOHN D.
3804 KINGS AVENUE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
Gibsonston	33534

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PDST
NAME	NOWLING, JOHN D.	1.2 NAME	
STREET ADDRESS	3804 KINGS AVE.	1.3 STREET ADDRESS	8711 Bliss Rd.
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	Gibsonston, FL 33534
TITLE	VD	2.1 TITLE	
NAME	NOWLING, JAMIE	2.2 NAME	
STREET ADDRESS	3804 KINGS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

John D Nowling 3/19/98 (813) 527-5078

CR2E034 (10/97)