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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71110

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JIMMIES AUTO PARTS INC.

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May 16 1997 8:00am
Secretary of State

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| | | Mailing Address | | | | 1 | | | |
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| % JACKOUELYN CRAWFORD 8032 US 1 N JACKSONVILLE FL 32219 | | ★ JACKOUELYN CRAWFORD 8032 US 1 N JACKSONVILLE FL 32219-2827 | | | | | | | |
| | | 2 | | | | 3. Date Incorpor 05/04/199 | | 3a. Date of Las 05/01/199 | |
| 2. Principal Place of Business | | 28. Mailing Address | s | ********** | | 4. FEI Number | | | Applied For |
| | | 26 | | | | 59-30067 | | Not Applicat | |
| Suite, Apt. # | r, etc | Suite, Apt. #, etc | ic. | | | 6. Certificate of | Status Desired | | 5 Additional Required |
| City & State | | City & State | | | | 6. Election Camp | | | 00 May Be |
| <u> </u> Zip | Country | 28 Z _f p | | Country | | | on has liability for it | | ed to Fees or s. 199.032 |
| <u> </u> | 25 | 29 | 30 | | | Florida Statute | | Yes 🗌 No | |
| | 9. Name and Address of Cu | urrent Registered Agent | | B1 | Norte | 10. Name and A | dress of New He | gistered Agent | · |
| | WFORD, JACKQUELYN | | | 81 | Name | | | | |
| | 2 US 1 N KSONVILLE FL 32219 | | | 82 Street Addr | | dress (P.O. Box Numb | er is Not Acceptab | ole) | |
| | | | | 83 | | | | | |
| | | | | 84 | City | | * | FL 85 Z | ip Code |
| 1 Programme to | o the provisions of Sections 607 egistered agent, or both, in the to in familiar with land accept the c | 7 0502 and 607 1508 Florida | Statutes th | he above | a-named cor | rnoration submits this | statement for the n | urpose of changin | n its reniste |
| 2 | Signature, typica or product name of register | ed agent and tida if applicable | | | nt signature requ | uired when reinstating) | | DATE | |
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I do 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 porporation 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 12 if chapted, or on an attachment with an address.

SIGNATURE:

HATURE AND THE OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

X 1-30-97

Daytime Phone #