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

**FILED**
**May 02, 2000 8:00 am**
**Secretary of State**
05-02-2000 90001 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT
2000

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

DOCUMENT # P93000069029

1. Corporation Name
DIAGNOSTIC PARTS EXCHANGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3084 W. THARPE ST<br>TALLAHASSEE FL 32303<br>US | 3084 W. THARPE STREET<br>TALLAHASSEE FL 32303<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 110 Porro St | 26 P.O. Box 2069 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Quincy FL | 28 City & State: Quincy FL |
| 24 Zip: 32351 25 Country: Gadsden | 29 Zip: 32353-2069 30 Country: Gadsden |

4. FEI Number: 59-3338920 ☐ 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

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| RICHMOND, HAROLD S<br>227 E JEFFERSON ST<br>QUINCY FL 32351 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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: W.W. Whetstone JR DATE: 04-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PSTD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WHETSTONE, WOODROW W JR | | 1.2 NAME | | |
| STREET ADDRESS | 3084 W. THARPE STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | | 1.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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: W.W. Whetstone JR 04-24-00 850-627-4142
Signature and, if applicable, the typed or printed name of individual and title or director — Date — Daytime Phone #
W.W. Whetstone JR