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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400094048 (3)

CROOMS AUTO & TRUCK PARTS, INC.

Principal Place of Business Mailing Address 1715 OLD DIXIE HWY. 1715 OLD DIXIE HWY. **AUBURNDALE FL 33823** AUBURNDALE FL 33823 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3289422 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intengible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, TERRY H 1715 OLD DIXIE HWY. 82 Street Address (P.O. Box Number is Not Acceptable) **AUBURNDALE FL 33823** 63 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 1 TITLE TITLE JOHNSON, TERRY H MANAF 1.2 NAME

1715 OLD DIXIE HWY. STREET ADDRESS 1.3 STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ■ DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 THLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NÁME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 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 on attachment with an address.

SIGNATURE: Jane Comman Terry Johnson 4/20/98 (941) 1205-05/8

CR2E034 (10/97)

FILED

Apr 28 1998 8:00am

Secretary of State