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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000010149

1. Corporation Name
HIBISCUS WHOLESALE AUTO PARTS INC

Principal Place of Business
128 N. OLD County Rd.
EDGEWATER FL 32132-1512

Mailing Address
2951 OAK TRAIL
EDGEWATER FL
32141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
2-3-1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number
59-3298736
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Joseph P. Dudley, Esq.
403 Downing St.
New Smyrna Beach FL 32168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Alfred A. Decubellis		12 NAME		
STREET ADDRESS	2951 OAK TRAIL		13 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		14 CITY, ST, ZIP		
TITLE	Vice-President	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Shirley D. Decubellis		22 NAME		
STREET ADDRESS	2951 OAK TRAIL		23 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		24 CITY, ST, ZIP		
TITLE	Secretary-Treasurer	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Anthony Lancelotta		32 NAME		
STREET ADDRESS	2923 OAK TRAIL		33 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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05/04/98-01008-011
****150.00

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 added above.

SIGNATURE: Shirley Decubellis — 4-27-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)