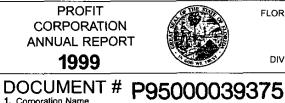
1999

ROD'S AUTO PARTS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90093 018 \*\*\*150.00

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Principal Place	e of Business	Mailing Address				(   PRINERI SIGN INIGH BUILL BOILL B	40 ((((0 12100 ))	1)( (240) 6(() (20)
3027-A MAIN ST P.O BOX 250 VERNON FL 32462 VERNON FL 32462 US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
		On Marking Address				05/17/1995 4. FEI Number	<del></del>	Applied For
·	. Principal Place of Business 2a. Mailing Address							
21		26			-	59-3325677		Not Applicable  Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Required
City & Stat	e	City & State				Election Campaign Financing     Trust Fund Contribution		<b>0</b> May Be d to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year	Intangible	
24	25	29 3	0			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registers	d Agent	
			8	31	Name			ļ
	ls, rodney r		ā	32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
••	'-A MAIN ST		"	~	Olloct Addit	(i .o. Box (tall)box is iter/tecopisory		
VERI	NON FL 32462		8	33				
			8	34	City	F	L 85 Zi	p Code
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was autigations of, Section 607.0505, Florid	horized b la Statute	es.	e corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing pointment as	registered registered
	Signature, typed or printed name of registered a	<u> </u>		gent s	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDEC	TODE IN 12
12.		AND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	☐ Chang	
TITLE	P	C) persic	1.1 TITLE					,
NAME	WELLS, RODNEY R		1.2 NAM					'
STREET ADDRESS	3027-A MAIN ST				DORESS			
CITY-ST-ZIP	VERNON FL 32462	C DELETE	1.4 C/TY		ZIP		Chang	e Addition
TITLE		☐ DELETE	2.1 TITLE					e
NAME			2.2 NAM					i
STREET ADDRESS			1		DORESS			ı
CITY-ST-ZIP			2.4 CITY		ZIP		Chang	e Addition
TITLE		☐ DELETE	3.1 TITLE				Criang	C Muddoll
NAME			32 NAM					
STREET ADDRESS					(DDRESS			
CITY-ST-ZIP			3.4. CfTY		ZiP		Chang	e Addition
TITLE		☐ DELETE	4.1 TITLE				□ chang	le 🗆 YOU'IIOII
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE	EET A	ODRESS			
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY		ZIP		E 05	
TITLE		☐ DELETE	5.1 TITLE				Chang	ge Addition
NAME			5.2 NAM					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP			5.4 CITY		ZIP			
τπιε		☐ DELETE	6.1 TITLE		}		☐ Chang	ge 🗀 Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STR	EET A	DORESS			

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, so on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR