FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 24, 2001 8:00 am DOCUMENT # P99000027356 Secretary of State LEHIGH AUTO PARTS INC. 05-24-2001 90001 005 \*\*\*150.00 Principal Place of Business 1331 HOMESTEAD RD. N. LEHIGH ACRES, FL 33936 659546 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65 092 189 9 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES J. GRAHAM IL 1331 HOMESTEAD RO. N. Street Address (P.O. Box Number is Not Acceptable) LEHIGH ACRES, FZ 33936 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOWIL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 200 | Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT Delete TITLE Change Addition JAMES J. GRAHAM 35 ARAPAHO TRAIL NAME NAME STREET ADDRESS STREET ADDRESS NAPLES , FL 34113 CITY-ST-ZIP CITY-ST-ZIP JAMES J. GRAHAM II Delete TITLE ☐ Change ☐ Addition 15 ROOSEVELT AVE. NAME NAME STREET ADDRESS STREET ADDRESS EHIGH ACRES FL 33972 CITY-ST-ZIP CITY-ST-ZIP GECRETARY TITLE TREASURER ☐ Delete TITLE Change Addition WILLIAM D. GRAHAM 302 COOLINGE AVE NAME NAME STREET ADDRESS STREET ADDRESS EHIGH ACRES FL 33936 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Acdition NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered.

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13. 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 report or supplemental 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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

J. G. RAHAM 1/27/2001 91/369 SIGNATURE: ames

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