

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0108383

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S07654 (4) 1. Corporation Name OXFORD AUTO PARTS, INC.			
Principal Place of Business 11247 N US 301 OXFORD FL 34484 US		Mailing Address P.O. BOX 188 OXFORD FL 34484 US	
2. Principal Place of Business 21 11247 N US 301 Suite, Apt. #, etc. 22 City & State 23 Oxford FL Zip 34484 25 U.S.		2a. Mailing Address 26 11247 N US 301 Suite, Apt. #, etc. 27 City & State 28 Oxford FL Zip 34484 30 U.S.	
9. Name and Address of Current Registered Agent CRENSHAW, TERRY 11247 N. US 301 OXFORD FL 34484			
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 <u>Terry Crenshaw</u> (NOTE: Registered Agent signature required when reinstating.)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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.			
SIGNATURE: <u>Terry Crenshaw</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-99

3. Date Incorporated or Qualified
10/18/1990
4. FEI Number
59-3035441
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
10. Name and Address of New Registered Agent

FL 85 Zip Code

3/22/99

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****900.00 ****900.00

CR2E034 (5/98)

3/8/99

352-748-2020

Daytime Phone #