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).

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PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 92 Mar 24 Pil 12: 33		
1998						
DOCUMENT # S07654		(4)		SUGRETARY OF STATE TILLAMASSEE, FLORIDA		
OXFORD AUTO PARTS, INC.					la mini dimi dima di da di di mino di di	
}						
Principal Plac	ce of Business	Mailing Address		I SPENSIO SIN GENT INDICATION DISTINGUIS		
OXFORD FL 34484		P.O. BOX 188 OXFORD FL 34484 US		EINSTATEMENT 3. Date Incorporated or Qualified	HIS SPACE TOW	
				10/18/1990		
		2a. Mailing Address 26	48 301	4. FEI Number 59-3035441	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		City & State		6. Election Campaign Financing	Fee Required \$5,00 May 8e	
feet and the second sec		28 Oxford F	7	Trust Fund Contribution	Added to Fees	
Zip 34484 25 U. S. 29 34484 30 U. S			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.			
CRENSHAW, TERRY 81 Name						
11247 N. US 301 NYFORD EL 24404						
Ų VAF	OXFORD FL 34484					
			84 City		85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Frorida 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	/Ammellines	stav	6. Registeted Agent signative reij	3/2	4.89	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	and the second control of the second control	
TITLE	PDT TENDE	[] DELETE	1 1 TOTLE		Change Addition	
NAME STREET ADDRESS	CFENSHAW, TERRY 11247 N US 301		1.2 NAME 1.3 STREET ADORESS		<u> </u>	
CITY-ST-ZIP	OXFORD FL 34484		1.4 CiTY-ST-ZIP	S nonnees	62751 8	
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CITY-ST-ZIP	OXFORD FL 34484		24 CITY-ST-ZIP	- ·		
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CITY-ST-ZIP TITLE	 	DELETE	6.1 TILLE		Change Addition	
NAME	}	L. J DECE (E	62 NAME		[] Change [] Addition	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP	ertify that the information supplied with the	is filing does not qualify for the	64 CITY-ST-ZIP exemption stated in sec	tion 119 07(3)(i). Florida Statutes I further certii	fy 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 any stachment with an payers.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/8/99 352-748.2020						