FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:19

DOCUMENT # S25835 (7)

1. Corporation Name

IMPORT PARTS MARKETING, INC.

Principal Place of Business
1137 U.S. HWY 98 SOUTH
SUITE D
LAKELAND FL 33801
US

Mailing Address
1207 HAMMOCK SHADE DR
LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1991

3a. Date of Last Report: 04/08/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 1137 US HWY 98 SOUTH
27 Suite, Apt. #, etc. SUITE D
28 City & State LAKELAND, FL
29 Zip 33801
30 Country POLK

4. FEI Number: 59-3046313 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALMER, RICHARD J.
1207 HAMMOCK SHADE DR
LAKELAND FL 33809

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	PALMER, RICHARD J	1 2 NAME	
STREET ADDRESS	1207 HAMMOCK SHADE DR	1 3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	CAMERON, HAROLD R.	2 2 NAME	
STREET ADDRESS	515 NANSEMOND AVENUE	2 3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	VAVRA, BARBARA E.	3 2 NAME	
STREET ADDRESS	1515 LESLIE DR	3 3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] RICHARD J. PALMER 3/09/95 813-687-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0018418 CP