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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S75660 (8)

1. Corporation Name
4-N KAR PARTS INC.

Principal Place of Business	Mailing Address
1637 WEST GULF-TO-LAKE HWY LECANTO FL 32661	1637 WEST GULF-TO-LAKE HWY LECANTO FL 32661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 5711 SE ABSHIER BLVD	26 5711 SE ABSHIER BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BELLEVIEW FL	City & State 28 BELLEVIEW FL
Zip / County 24 34420 / 25 USA	Zip / County 29 34420 / 30 USA

4. FEI Number: **65-0288720** ☐ 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 C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUEZ, JOSE LUIS 1013 NE 14TH STREET OCALA FL 32670	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
(Signature, typed or printed name of registered agent and title if appropriate) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DEVAUGHN, HOWARD SHANNON	12 NAME	
STREET ADDRESS	2807 SE 32ND AVENUE	13 STREET ADDRESS	
CITY ST ZIP	OCALA FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE LUIS	22 NAME	
STREET ADDRESS	6515 SE 166TH AVENUE	23 STREET ADDRESS	
CITY ST ZIP	OCKLAWAHA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, RUTH A.	32 NAME	
STREET ADDRESS	6515 SE 166TH AVENUE	33 STREET ADDRESS	
CITY ST ZIP	OCKLAWAHA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: H. S. DeVaughn President 4-28-95 904-245-1202
(Signature and Typed or Printed Name of Signing Officer or Director) (Title) (Date) (Daytime Phone #)

0352685 CP