

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **S95046**

1. Corporation Name

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90014 044 ***158.75

MAXON	AUTOMOTIVE DISTRIBUT	ORS, INC	•									
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Principal Place	· · · · · · · · · · · · · · · · · · ·		ng Address									
2025 US 27 NORTH		6318 US 27 N SEBRING FL 33870										
SEBRING FL 33870		US					DO NOT WRITE IN THIS SPACE					
	·	•••					3. Date	Incorporated or Quali	ifed			
•							11/1	18/1991 <u> </u>				
2. Principal Pl	lace of Business	2a. M	lailing Address				4. FEIN		•		App	lied For
21		26					59-3	<u> 8097234 </u>	<u> </u>			Applicable
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.				5. Certif	cate of Status Desire	d 🔽			Iditional
22		27				··					e Req	
City & State	وها ماييومسوون ياموروندن وا	<u> </u>	ity & State					ion Campaign Financ	ing	- •		/ay _: Be}:
23		28	·					Fund Contribution			ded to	rees
Zip	Country	, Zi	ıp	_	ountry		3	corporation owes the	current year in	tangible Yes	г	⊒No I
24	25	29	and Arous	30	1			onal Property Tax. e and Address of Ne	ew Registered	-		
	9. Name and Address of Curi	rent Register	reu Agent		81	Name	10. 140.11	e una real cas of in				
MAX	ON, SCOTT											<u></u>
	3 US 27 N				82	Street Ad	dress (P.O. Bo	ox Number is Not Acc	ceptable)			}
	RING FL 33870				83					-	_	
ı	•				84	City			FI	85	Zip Co	ode
						1				** }		
11 Dureuant	to the provisions of Sections 607 (1502 and 607	1508 Florida St	atutes the	above	a-named co	rporation subn	nits this statement for	the purpose o	f changir	ıg its r	egistered
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607. te of Florida.	.1508, Florida St. Such change wa	atutes, the	above ed by	a-named co the corpora	rporation subnition's board of	nits this statement for f directors. I hereby a	the purpose o	f changir intment a	its r as regi	egistered istered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	0502 and 607. ate of Florida. ligations of, Se	.1508, Florida St Such change wa ection 607.0505,	atutes, the as authorize Florida Sta	above ed by atutes	a-named co the corpora	rporation subm ition's board of	nits this statement for f directors. I hereby a	the purpose o	f changir intment a	ig its r as regi	egistered istered
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SIGNATURE	Signature, typed or printed name of registered	agent and title if ap	oplicable. (N	NOTE: Registere	ed Ager		ired when reinstation	19)	DATE		СТОР	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if ap	oplicable. (N	NOTE: Register	ed Ager		ired when reinstation	19)	DATE	ND DIRE	СТОР	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	agent and title if ap	oplicable. (N	13 1.1	ed Ager 3. TITLE NAME		ired when reinstation	19)	DATE	ND DIRE	СТОР	RS IN 12
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14. I hereby certify that the information supplied with this filling 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 officer or director of the corporation or the Block 12 or Block 13 if changed, or a n attachment with an address, with all other like empowered.

SIGNATURE:

OF CIENING OFFICER OR DIRECTOR

241-382-1112