FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	IN CAR PARTS OF LEESE	` '						
Principal Place	e of Business	Mading Address		•	· · · · · · · · · · · · · · · · · · ·		CERT CITTO PIE	
1605 EAST MAIN LEESBURG FL 34748		1605 EAST MAIN LEESBURG FL 34748		DO NOT WORK IN THE				
						3. Date Incorporated or Qualified 05/21/1992	SPACE	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-3123689	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	, · · ·	Additional	
City & State		27	City & State				equired	
23	e	28		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country	7 p	Соц	inirv		8. This corporation owes or has paid the cur		
24	25	29	30	ĺ				☐ No
	9. Name and Address of Curr					10. Name and Address of New Registered	Agent	
MC MC	NEELY, NANCY M			81	Name			
3649 SE 164 TERR OCKLAWAHA FL 32179				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
				83				
				84	City	FL	85 Zip	Code
SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stam familiar with, and accept the obl					poration submits this statement for the purpose of ation's board of directors. I hereby accept the appeared when reastaing) DATE	changing i	its registered registered
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	L] DELETE	11 10	TLF	j		L. Change	Addition
NAME	MCNEELY, JOSEPH H.		1 2 NA	AME				
STREET ADDRESS	3649 S.E. 164 TERR.		1.3 ST	REET	ADDRESS			
CITY - ST - ZIP	OCKLAWAHA FL	Driett			ST-ZIP		Change	Addition
TITLE	D NONECLY MANOY M	☐ DETEA	2111				☐ change	L_] Addition
NAME STREET ADORESS	MCNEELY, NANCY M. 3649 S.E. 164 TERR.		2.2 NA		ADDRESS			
CITY-ST-ZIP	OCKLAWAHA FL				ST-ZIP			
TIFLE	- CONDITION I	DELFTE	31 11		21-211		Change	Addition
NAME	: 		3.2 NA	AME			-	
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-\$T-ZIP			3 4 C	ITY-S	ST - ZIP			
TITLE		DELETE	4.1 111	TLF			Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4 3 ST	REET	ADDRESS			
CITY - ST - ZIP			4 4 CI	···	T - ZIP			
TITLE		DELETE	5.1 111		1		L Change	Addition
NAME			5.2 NA					i
STREET ADDRESS					ADDRESS			ı
CITY-ST-ZIP THILE		DELETE	5 4 CI		1 - ZIP		☐ Change	Addition
NAME .		L. Dett II	61 111 52 NA				— √ilaliye	

14. I hereby cortify 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 in an attachment with an address.

6 3 STREET ADDRESS

SIGNATURE: 4

STREET ADDRESS

CITY ST ZIP

FILED

Apr 23 1998 8:00am

Secretary of State