

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 264047

1. Corporation Name

EKIERT TIRE CENTER, INC.

Principal Place of Business

591 E. HWY 50
CLERMONT FL 34711

Mailing Address

591 E. HWY 50
CLERMONT FL 34711



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

EKIERT, ARTHUR S
953 5TH ST
CLERMONT FL 34711

3. Date Incorporated or Qualified

10/30/1962

3a. Date of Last Report

01/17/1995

4. FEI Number

59-0979590

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 ☐

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

Signature taken in person, name of registered agent is on this report.

(If Not: Registered Agent Signature required after recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
P
GRAHAM, DONNA
STREET ADDRESS
927 5TH ST.
CITY-STATE-ZIP
CLERMONT FL

1.1 TITLE ☐ Change ☐ Addition

2. TITLE ☐ DELETE

NAME
ST
EKIERT, ARTHUR S.
STREET ADDRESS
953 5TH ST.
CITY-STATE-ZIP
CLERMONT FL

2.1 TITLE ☐ Change ☐ Addition

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur S. Ekiert
ARTHUR S. EKIERT

2/10/96
Date

352-394-4067
Telephone #

CR2E034 (12/95)