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

APPROVED AND FILED

95 APR 18 PM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **282963** **(8)**

1. Corporation Name

MCGEE TIRE STORES, INC.

Principal Place of Business	Mailing Address
4316 S FLORIDA AVE P.O. BOX 6007 LAKELAND FL 33813-1631	4316 S FLORIDA AVE P.O. BOX 6007 LAKELAND FL 33813-1631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1964	3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1052787	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 320 W. Main Street	26 P.O. Box 6007
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Lakeland FL	28 City & State: Lakeland FL
24 Zip: 33801 25 Country: Polk	29 Zip: 33807-6007 30 Country: Polk

9. Name and Address of Current Registered Agent

MCGEE, JOHN J.
3803 OLD HWY 37 #100
LAKELAND FL 33813

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☒ Change ☐ Addition
NAME	MCGEE, JOHN J	12 NAME	
STREET ADDRESS	407 SO ABERDEEN CT	13 STREET ADDRESS	3803 Old Hwy 37 # 100
CITY ST ZIP	LAKELAND, FL 0	14 CITY ST ZIP	Lakeland FL 33813
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MCGEE, CYNTHIA L	22 NAME	
STREET ADDRESS	308 HAWICK LANE	23 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	MCGEE, TERRANCE J	32 NAME	
STREET ADDRESS	6501 TIMUCUANS DR	33 STREET ADDRESS	5716 Emerald Ridge Blvd
CITY ST ZIP	LAKELAND, FL 0	34 CITY ST ZIP	Lakeland FL 33813
TITLE	PD	41 TITLE	☒ Change ☐ Addition
NAME	MCGEE, MICHAEL J	42 NAME	
STREET ADDRESS	4937 FOX RUN CT	43 STREET ADDRESS	5022 Lake In The Woods Blvd
CITY ST ZIP	LAKELAND, FL 0	44 CITY ST ZIP	Lakeland FL 33813
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 if changed, or on an attachment with an X in Block 11.

SIGNATURE: Cynthia M Bee Cynthia M Bee 4.12.95 813-682-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314011 CP