

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90142 002 \*\*\*150.00

**DOCUMENT # 361502**

Corporation Name  
**FLEISSNER TIRE, INC.**

Principal Place of Business  
**5 SOUTH TAMiami TRAIL  
VENICE FL 34285-2626**

Mailing Address  
**405 SOUTH TAMiami TRAIL  
VENICE FL 34285-2626**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	26
City & State	27
Zip	28
Country	29

3. Date Incorporated or Qualified	<b>03/23/1970</b>	
4. FEI Number	<b>59-1292770</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**FLEISSNER, JOHN M  
405 S TRAIL  
VENICE FL 34285**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	<b>FL</b>

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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	DELETE	1.1 TITLE	Change Addition
PDT FLEISSNER, JOHN M 615 LEHIGH RD VENICE FL	<input type="checkbox"/>	1.2 NAME	<input type="checkbox"/>
S FLEISSNER, PAMELA 615 LEHIGH RD VENICE FL	<input type="checkbox"/>	1.3 STREET ADDRESS	<input type="checkbox"/>
D FLEISSNER, DONALD J. 3711 KINGSTON BLVD. SARASOTA FL	<input type="checkbox"/>	1.4 CITY-ST-ZIP	<input type="checkbox"/>
D FLEISSNER, GAYLE M. 3711 KINGSTON BLVD. SARASOTA FL	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	2.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	2.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	2.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	3.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	3.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	3.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	4.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	4.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	4.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	5.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	5.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	5.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	6.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	6.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	6.4 CITY-ST-ZIP	<input type="checkbox"/>

I certify 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 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 Section 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Pamela Fleissner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-99 (941) 485-1502**  
Date

CR2E034 (1/98)