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

PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Aug 18 1997 8:00 am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 498821 (8) **NEAL'S TIRE CENTER, INC.** Mailing Address
303 MAGNOLIA AVENUE Principal Place of Business
1403 CLEARLAKE RD COCOA, FL 32922 MERRITT ISLAND, FL 32952-4817 3a. Date of Last Report 3. Date Incorporated or Qualified US 03/12/1976 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1655049 21 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No Country Ζıρ Country 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBINSON. FRANK 312 THIRD STREET Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND, FL 32952 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Addition 1.1 1/11/6 Change TITLE 1.2 NAME NAME 303 Magnolia Avenue 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2 1 TITLE Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS ĬSĽÁND, FL 2 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Adoition TITLE 4.1 THEF 4 2 NAME NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 7IP DELETE 0000002271040 G 1 TITLE TITLE NAME 6.2 NAME -08/19/97--01037--007 6.3 STREET ADDRESS STREET ADDRESS ***550.00 64 CITY - \$1 - 7IP 14. I do hereby certify that the information supplied with this (iting 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 supplicipental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the ecciver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

632-2760