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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:33

DOCUMENT # **526428** **(8)**

1. Corporation Name
BIG JOHN'S WHOLESALE TIRE AND MUFFLER COMPANY

Principal Place of Business	Mailing Address
330 MASON AVENUE HOLLY HILL FL 32117	330 MASON AVENUE HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1977
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1727459 ☐ 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

9. Name and Address of Current Registered Agent

BIG JOHN
330 MASON AVENUE
HOLLY HILL FL 32017

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, type 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	P	11 TITLE		☐ Change ☐ Addition
NAME	BIG JOHN	12 NAME		
STREET ADDRESS	330 MASON AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	PEZZA, HELEN ANN SIMMONS	22 NAME	Delete	
STREET ADDRESS	330 MASON AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	PEZZA, JOSEPH JR.	32 NAME	Delete	
STREET ADDRESS	330 MASON AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	ST	☒ Change ☐ Addition
NAME	CUNNINGHAM, REVA D.	42 NAME	Cunningham, Reva D	
STREET ADDRESS	1575 S. MOON RD	43 STREET ADDRESS	1675 not 1575	
CITY-ST-ZIP	ASTOR FL	44 CITY-ST-ZIP	Astor, Fl 32102	
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 address.

SIGNATURE: X Big John Big John 3/27/95 235-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #