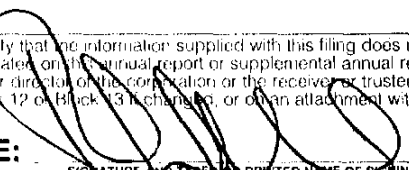


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F40102 (8)					
1. Corporation Name SUN TIRE & AUTOMOTIVE SERVICE OF ORANGE PARK, INC.					
Principal Place of Business 346 BLANDING BLVD ORANGE PARK FL 32073			Mailing Address 346 BLANDING BLVD ORANGE PARK FL 32073-4323		
2. Principal Place of Business 21		2a. Mailing Address 26 6807 STUART LANE S.		3. Date Incorporated or Qualified 06/09/1981	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
23 City & State		28 City & State JACKSONVILLE FL		4. FEI Number 59-2105093	
24 Zip		29 Zip 32254		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 Country		30 Country DUVAL		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 FISHER, MICHAEL W 2800 INDEPENDENT SQUARE JACKSONVILLE FL 32202			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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PDS ☐ DELETE				
NAME	ERICKSON, RICHARD J				
STREET ADDRESS	2541 SPREADING OAKS LN				
CITY - ST - ZIP	MANDARIN FL				
TITLE	AS ☐ DELETE				
NAME	ERICKSON, DIANE D.				
STREET ADDRESS	2541 SPREADING OAKS LN				
CITY - ST - ZIP	MANDARIN FL				
TITLE	☐ DELETE				
NAME	☐ DELETE				
STREET ADDRESS	☐ DELETE				
CITY - ST - ZIP	☐ DELETE				
TITLE	☐ DELETE				
NAME	☐ DELETE				
STREET ADDRESS	☐ DELETE				
CITY - ST - ZIP	☐ DELETE				
TITLE	☐ DELETE				
NAME	☐ DELETE				
STREET ADDRESS	☐ DELETE				
CITY - ST - ZIP	☐ DELETE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	☐ Change ☐ Addition				
1.2 NAME	☐ Change ☐ Addition				
1.3 STREET ADDRESS	☐ Change ☐ Addition				
1.4 CITY - ST - ZIP	☐ Change ☐ Addition				
2.1 TITLE	☐ Change ☐ Addition				
2.2 NAME	☐ Change ☐ Addition				
2.3 STREET ADDRESS	☐ Change ☐ Addition				
2.4 CITY - ST - ZIP	☐ Change ☐ Addition				
3.1 TITLE	☐ Change ☐ Addition				
3.2 NAME	☐ Change ☐ Addition				
3.3 STREET ADDRESS	☐ Change ☐ Addition				
3.4 CITY - ST - ZIP	☐ Change ☐ Addition				
4.1 TITLE	☐ Change ☐ Addition				
4.2 NAME	☐ Change ☐ Addition				
4.3 STREET ADDRESS	☐ Change ☐ Addition				
4.4 CITY - ST - ZIP	☐ Change ☐ Addition				
5.1 TITLE	☐ Change ☐ Addition				
5.2 NAME	☐ Change ☐ Addition				
5.3 STREET ADDRESS	☐ Change ☐ Addition				
5.4 CITY - ST - ZIP	☐ Change ☐ Addition				
6.1 TITLE	☐ Change ☐ Addition				
6.2 NAME	☐ Change ☐ Addition				
6.3 STREET ADDRESS	☐ Change ☐ Addition				
6.4 CITY - ST - ZIP	☐ Change ☐ Addition				
14. I do hereby 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 included 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 changing, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
RICHARD J. ERICKSON 1/10/97 (904) 93-0990					

CR2E034 (9/96)