## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996			
DOCUMENT  1. Corporation Name	#		

H59254

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DUMAS	S TIRES INC.						
Principal Place	of Business	Mailing Address		• • • • • • • • • • • • • • • • • • • •	I 300001: 0HD1 0HH1 0HH1 10HH 6HH1	i Bibi Didil Didil B	1811 61811 BFAIR BIBIL 1881
17324 HWY 4 LUTZ FL 3354		17324 HWY 41 N. LUTZ FL 33549					
					3. Date Incorporated or Qualified 05/29/1985		Last Report 28/1995
<b>2.</b> Principal Pla	ice of Business	<b>2a.</b> Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	t ato	Suite, Apt. #, etc.			59-2537382		Not Applicable
22	r, <del>6</del> (0.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
23		28	· <b></b>	····-	Trust Fund Contribution		Added to Fees
Zip <b>24</b>	Country	Zip	Count	γ	8. This corporation has liability for		ınders 199.032,
24	25   9. Name and Address of Curre	29   nt Registered Agent	30		Florida Statutes X Yes  10. Name and Address of New I	Segistered Ag	ani
			8	1 Name	10. Namo and Address of Nov I	logistered Ag	DILL
DUMAS,	ROY D		8	Street Ac	Idress (P.O. Box Number is Not Acceptal	nlo)	
17324 H					adress (1.0. box number is not neceptal	Jiej	
LUTZ FL	33549-1569		8	3			
			8	4 City			85 Zip Code
44 Directiont to	o the provisions of Continue 207 000	3 CO7 (CO2 FI)		L			
or registere	o the provisions of Sections 607.050. ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the cor	-named corp poration's bo	poration submits this statement for the purposed of directors. I hereby accept the app	rpose of chang jointment as req	ing its registered office gistered agent. I am
SIGNATURE .	Signature typed or printed name of registered agon	t and the of an incident	X1.15		ured when reinstating)		
12.		D DIRECTORS	13.	ent signature requ	ADDITIONS/CHANGES TO OFF	DATE SCERS AND D	IRECTORS IN 12
TITLE	DP	☐ DELETE	1. 1 TITLE				Change   Addition
NAME	DUMAS, ROY D		1.2 NAME				
STREET ADDRESS	10905 FLORENCE AVENUE		13 STRE	ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		14 CITY-	ST-ZIP			
TITLE	DV	☐ DELETE	2 1 TITLE				Change 🔲 Addition
NAME STOSET ADDRESS	DUMAS, ROY L		2 2 NAME				
STREET ADDRESS CITY-ST-ZIP	10905 FLORENCE AVE TAMPA FL			ET ADDRESS			
TITLE	TS	☐ DELETE	2.4 CITY- 3. 1 THTLE				Change Addition
NAME	DUMAS, KATHLEEN		3 2 NAME			LJ	Sharige Notice!
STREET ADDRESS	10905 FLORENCE AVE.		33 STHE	ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3 4 CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE				Change Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-S1-ZIP TITLE		☐ DELETE	4.4 CITY-				A
NAME		☐ Detere	5. 1 TITLE 5.2 NAME			U.	Change Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELFTE	6. 1 TITLE			[]	Change
NAME			6.2 NAME			_	
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-S1-ZIP			6.4 CITY				
certify that	the information indicated on this ann	uai report or supplemental ann	ual report is t	rue and accu	y for the exemption stated in Section 119 grate and that my signature shall have the this report as required by Chapter 607.	same legal effe	ect as if made under 🔝 l

SIGNATURE: Katt

Athlean Dungs 4/11/96 (813) 949-5095