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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1990				
DOCUI	MENT # K40527	7 (9)			
	R TIRE & COMPLETE AUTO				
********	, , a voim para fivio	THE PERSON NAMED IN COLUMN 1			I HERIANN BALEKSALI BEHEK EKING NJOH JARU EKEN BABAN BARAN BARAN BARAN ARAN ARAN ARAN
Principal Place of Business Mailing Address					1 10010111 511 5111 42151 21110 11511 11511 41511 41511 41511 41511 41511 41511 41511 41511 41511 41511 41511
	OODLAND BLVD.	% 1023 N. WOODLAND BLVD. DELAND FL 32720 US			
DELAND FL 3	2120				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					10/24/1988
	2. Principal Place of Business 2a. Mailing				4, FEI Number Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2893171 Not Applicable
22		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State		***	6. Election Campaign Financing \$5.00 May Be
23		28	·		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Curren	1 Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
TAV	(LOR, RANDY	t tragistores Again	8	1 Name	10. reming thing variables or most traditional value
1023 N. WOODLAND BLVD.				2 Street A	Address (P.O. Box Number is Not Acceptable)
DELAND FL 32017			0	Z Street A	Address (P.O. Box Number is Not Acceptable)
			8	3	
			i i	4 City	85 Zip Code
			J -	1 7	 -
11. Pursuant to	to the provisions of Sections 607 050: egistered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was a	tes, the abo authorized	ve-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	orida Statut	es.	
SIGNATURE	Signature, typed or printed name of registered age	of earl tills of murplessible (NOT	II : Registered A	goot signed to	required when reinstating) DATE
12.	OFFICERS AND		13.	gork algoratora	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, RANDY		1.2 NAM	E	
STREET ADDRESS	1023 N. WOODLAND BLVD.		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	DELAND FL	T Brieft	1.4 CITY		
TITLE	S PAYLOD MAYLIDVA	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	TAYLOR, KATHRYN 1023 N. WOODLAND BLVD		2.2 NAM		
CITY-ST-ZIP	DELAND FL			ET ADDRESS - ST - ZIP	
TITLE	000 410 12	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAM	Į.	· _
STREET ADDRESS			3.3 STRE	ET ADORESS	
CITY - ST - ZIP			3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	T	Change Addition
NAME			4. 2 NAN		
STREET ADDRESS				ET ADORESS	
CITY-ST-ZIP		DELETE	4.4 CITY		Change Addition
TITLE NAME		₹ Decent	5.1 HILE 5.2 NAM		T1 Cutaile T1 Monitor
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAM	.	
STREET ADORESS			6.3 STRE	ET ADDRESS	
CITY-ST-7IP			EA CITY	. ST. 71P	

14. I 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 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:

KATHRYN G. TAYLOR

4. Talor

3/17/98

904 736 3599

FILED

Mar 24 1998 8:00am

Secretary of State