

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG 21 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047207

1. Corporation Name

Don Olson Truck Tire Centers, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/7/93

4. FEI Number

59-3190633

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 2021 Sunnysdale Blvd.

Suite, Apt. #, etc.

22

City & State

23 Clearwater, FL

Zip

24 33765

Country

25 USA

2a. Mailing Address

26 2021 Sunnysdale Blvd.

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29 33765

Country

30 USA

9. Name and Address of Current Registered Agent

Larry C. Morgan
2021 Sunnysdale Blvd.
Clearwater, FL 34625

10. Name and Address of New Registered Agent

81 Name

Larry C. Morgan

82 Street Address (P.O. Box Number is Not Acceptable)

2021 Sunnysdale Blvd.

83

84 City

Clearwater

FL

85 Zip Code

33765

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, President ☒ Change ☐ Addition

1.2 NAME Larry C. Morgan

1.3 STREET ADDRESS 2021 Sunnysdale Boulevard

1.4 CITY-ST-ZIP Clearwater, FL 33765

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME Patricia B. Morgan

2.3 STREET ADDRESS 2021 Sunnysdale Boulevard

2.4 CITY-ST-ZIP Clearwater, FL 33765

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME William A. Long, Jr.

3.3 STREET ADDRESS 2021 Sunnysdale Boulevard

3.4 CITY-ST-ZIP Clearwater, FL 33765

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002624298-4

-08/25/98-01022-015

*****550.00 *****550.00

800002624298-4

-08/25/98-01022-016

*****8.75 *****8.75

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry C. Morgan, President

(813) 441-3727

Date

Daytime Phone

CR2E034 (10/97)