

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

**FILED**

**Feb 10 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000092878 (3)**  
 1. Corporation Name  
**ATLANTIC TIRE AND AUTO, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>935 14TH STREET NORTH ST. PETERSBURG FL 33705</b>	Mailing Address <b>935 14TH STREET NORTH ST. PETERSBURG FL 33705</b>
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3. Date Incorporated or Qualified <b>11/08/1996</b>	4. FEI Number <b>59-3413310</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 <b>456 9th Street No.</b>	26 <b>456 9 ST. NORTH</b>
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State <b>ST. PETERSBURG, FL</b>	28 City & State <b>ST. PETERSBURG, FL</b>
24 Zip <b>33705</b>	25 Country <b>U.S.A.</b>
29 Zip <b>33705</b>	30 Country <b>U.S.A.</b>

9. Name and Address of Current Registered Agent  
**GRYBAUSKAS, NYJOLA S  
3831 FIFTH AVENUE NORTH  
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name <b>Jonathan Micocci</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4791 Baywood Point Drive South</b>
83
84 City <b>Gulfport, FL</b>
85 Zip Code <b>33711</b>

11. Pursuant to the provisions of Sections 607.0507 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 *J. B. Micocci* **Jonathan Micocci, PRES, Atlantic Tire + Auto 2/3/98**  
Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PTD</b>	NAME <b>MICOCCHI, JONATHAN</b>	STREET ADDRESS <b>935 14TH STREET NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL 33705</b>	<input type="checkbox"/> DELETE
TITLE <b>VSD</b>	NAME <b>HELT, CHARLES T</b>	STREET ADDRESS <b>13807 EDISON AVENUE NORTH</b>	CITY-ST-ZIP <b>TAMPA FL 33613</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 I am not on an attachment with an address.

SIGNATURE *J. B. Micocci* **Jonathan B. Micocci 2/3/98 813 898-8818**

CR2E034 (10/97)