

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G11660** (9)

1. Corporation Name

NATIONAL TIRE BROKERS CORPORATION

Principal Place of Business

**P.O. BOX 706
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**P.O. BOX 706
DEFUNIAK SPRINGS FL 32433**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CUMMINGS, JEFFREY E
1101 W. NELSON AVENUE
DEFUNIAK SPRINGS FL 32433**

3. Date Incorporated or Qualified

12/03/1982

3a. Date of Last Report

01/17/1995

4. FEI Number

59-2242591

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

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

10. Name and Address of New Registered Agent

81 Name

CUMMINGS, JEFFERY E

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

829 US HWY 90 W.

83

DEFUNIAK SPGS., FL. 32433

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 ☒ DELETE
NAME **CUMMINGS, BOBBY E**
STREET ADDRESS **1101 W. NELSON AVE.**
CITY-STATE-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ DELETE
NAME **CUMMINGS, BARBARA ANN E**
STREET ADDRESS **1101 W. NELSON AVE.**
CITY-STATE-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ DELETE
NAME **S HUCKABA, DONNA CUMMINGS**
STREET ADDRESS **RT 2, BX 279**
CITY-STATE-ZIP **LAUREL HILL FL**

TITLE ☒ DELETE
NAME **S HUCKABA, DONNA CUMMINGS**
STREET ADDRESS **RT. 2 BOX 279**
CITY-STATE-ZIP **LAUREL HILL FL 32567**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
1.3 STREET ADDRESS **CUMMINGS, JEFFERY E**
1.4 CITY-STATE-ZIP **829 US HWY 90 W.
DEFUNIAK SPGS., FL. 32433**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JEFF CUMMINGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-96 904-892-5191

DATE: DAY/MONTH/YEAR

CR2E034 (12/95)