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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000087976 (2)**

1. Corporation Name
TIRE REMANUFACTURING, INC.

Principal Place of Business	Mailing Address
~~SUITE 8, 4400 MARSH LANDING BLVD.~~ ~~PONTE VEDRA BEACH FL 32082~~	~~SUITE 8, 4400 MARSH LANDING BLVD.~~ ~~PONTE VEDRA BEACH FL 32082-6201~~

3. Date Incorporated or Qualified: 10/23/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2759 WEST 5th ST
22 Suite, Apt. #, etc. SUITE #2
23 City & State JACKSONVILLE, FL
24 Zip 32254
25 Country DUVAL

2a. Mailing Address
26 2759 WEST 5th ST
27 Suite, Apt. #, etc. SUITE #2
28 City & State JACKSONVILLE, FL
29 Zip 32254
30 Country DUVAL

4. FEI Number 59-3411621 ☐ 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

9. Name and Address of Current Registered Agent

DUSS, JOHN S IV
#1600, 200 WEST FORSYTH STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name JOHN S. DUSS, IV
82 Street Address (P.O. Box Number is Not Acceptable) 50 N. LAURA ST, SUITE 2800
83
84 City JACKSONVILLE FL 85 Zip Code 32202

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] 4.25.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HOWE, DEBORAH M		1.2 NAME	
STREET ADDRESS	#8000, 4400 MARSH LANDING BLVD.		1.3 STREET ADDRESS	830-13 A1A N., Suite 318
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HOWE, REX R		2.2 NAME	
STREET ADDRESS	#8000, 4400 MARSH LANDING BLVD.		2.3 STREET ADDRESS	830-13 A1A N., Suite 318
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MASSANISO, PETER A		3.2 NAME	
STREET ADDRESS	#8000, 4400 MARSH LANDING BLVD.		3.3 STREET ADDRESS	1548 The Greens Way, Suite 6
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		3.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	DUSS, JOHN S IV		4.2 NAME	
STREET ADDRESS	STE. 1600, 200 W. FORSYTH ST.		4.3 STREET ADDRESS	50 N. Laura St., Suite 2800
CITY-ST-ZIP	JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP	Jacksonville, FL 32202-3650
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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] 4/25/97 904/378-0090