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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087976

1. Corporation Name

TIRE REMANUFACTURING, INC.

Principal Place	of Business	Mailing Address		{	I IOICE IORID IDILE IORIO OTILI IBOL
2759 WEST 5TH STREET		2759 WEST 5TH STREET			
STE #2		STE #2			
JACKSONVILLE FL 32254		JACKSONVILLE FL 32254		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed	
				10/23/1996	I I I I I I I I I I I I I I I I I I I
· ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3411621	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	8	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25	29 3	<u></u>	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Currer			10. Name and Address of New Registered	Agent
			81 Name	TOUN C TV	
DUSS, JOHN S IV				JOHN S., IV ess (P.O. Box Number is Not Acceptable)	
50 N LAURA STREET				San Jose Boulevard	
	#2800		83		
JACI	KSONVILLE FL 32202		04 67		85 Zip Code
			84 City Jackso	onville FL	_ 85 32257
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					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, India Statutes, the above-named corporation submits this statement for the purpose of darking in 18950-050 office or registered agent. The purpose of darking in 18950-050 office or registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
]			DUSS. IV	5/7/99	
SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature require		
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWE, DEBORAH M		1.2 NAME		
STREET ADDRESS	830-13 A1A NO, #318		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		Change Addition
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWE, REX R		2.2 NAME		
STREET ADDRESS	830-13 A1A NO, #318		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2. 4 CITY-ST-ZIP		Channa D Addition
TITLE	ן D	☐ DEFELE	3.1 TITLE		☐ Change ☐ Addition
NAME	MASSANISO, PETER A		32 NAME		
STREET ADDRESS	1548 THE GREENS WAY, #6		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		3.4. CITY-ST-ZIP		XIX Change ☐ Addition
TITLE	D	☐ DELETE	4.1 TITLE D		XIXI Charige
NAME	Duss, John S IV			USS, JOHN S., IV	
STREET ADDRESS	50 N LAURA STREET, #2800			0110 San Jose Boulevard	
CITY-ST-ZIP	JACKSONVILLE F			acksonville, FL 32257	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Carrette	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	6.2 NAME		
I NIALAT					
NAME			6.3 STREET ADDRESS		ļ

6.4 CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

5/7/99 (904) 268-7227

Daytime Phone #