

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 187522

1. Entity Name
OLIN MOTT TIRE CO., INC.



Principal Place of Business

3741 E HILLSBOROUGH AVENUE
P O BOX 11994
TAMPA, FL 33680

Mailing Address

3741 E HILLSBOROUGH AVENUE
P O BOX 11994
TAMPA, FL 33680



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0751817

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKENZIE, RICKY D
3741 E HILLSBOROUGH AVE
TAMPA, FL 33610

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MOTT, OLIN L
STREET ADDRESS	11609 RAULERSON RD
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	PD
NAME	MOTT, RICHARD E
STREET ADDRESS	7112 COVE PLACE
CITY-ST-ZIP	TAMPA, FL
TITLE	ST
NAME	MCKENZIE, RICKY D
STREET ADDRESS	21609 TEAL CT
CITY-ST-ZIP	LUTZ, FL
TITLE	VD
NAME	LOWERY, PAUL E
STREET ADDRESS	4713 SINGING STREAM WAY
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/08-80039-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. D. MCKENZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/TREAS

2/26/8

Date

(813) 2373945

Daytime Phone #