FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT CORPORATION FLORIDA DEPARTMENT OF STATE ANNUAL REPORT Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # CENTRAL TIRE SERVICE INC Principal Place of Business Malling Address 234 LAKE AVENUE 234 LAKE AVENUE AUBURNDALE FL 33823 AUBURNDALE FL 33823 3. Date Incorporated or Qualified 01/16/1956 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 2a. Mailir g Address 21 59-0794468 26 Suite Apt # etc Applied For Suite, Apt. #, etc. 22 Not Applicable 5. Certificate of Status Desired \$8.75 Additional City & State City & State 23 Fee Required 6. Election Campaign Financing 28 \$5.00 May Be Ζıp Trust Fund Contribution \Box 24 $Z_{\rm IO}$ Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032. 25 29 9. Name and Address of Current Registered Agent 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent WELSER, ANNA H. 81 Name Anna H. Welser Street Address (P.O. Box Number is Not Acceptable) 294 Winter Ridge Blvd. 309 JONES ROAD 82 **AUBURNDALE FL 33823** 83 84 City 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature typied or printed name of registered agost and the map became 12. (NOTE: Registered Agent signature required when remetating) OFFICERS AND DIRECTORS TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE (12/95)HARRIS, LARRY E. 1 1 Title NAME ☐ Change 234 LAKE AVE. Addition STREET ADDRESS 1.2 NAME AUBURNDALE FL CR2E034 CITY - ST - ZIP 1.3 STREET ADDRESS TITLE 14 City - ST - ZiP DELETE HARRIS, CHARLOTTE A. 2 1 TITLE NAME ☐ Change 234 LAKE AVE STREET ADDRESS 2.2 NAME Addition AUBURNDALE FL CITY - ST - ZIP 2.3 STREET ADDRESS THILE 24 CITY-ST ZP DELETE NAME 3 1 TITLE ☐ Change Addition STREET ADDRESS 3.2 NAME CITY-ST-ZIP 3.3 STREET ADDRESS TITLE 34 CITY - ST - ZIP DELETE 4 1 TITLE Change ☐ Addition STREET ADDRESS 4.2 NAME <u>ດດັດດັບດີ1ຄົດຂອງລັດ</u> 4.3 STREET ADDRESS CITY-ST-ZIP -05/02/36--01073--014 TITLE 4.4 CHY-ST-ZIP ***200.00 DiLETE NAME 5 1 TITLE Change ☐ Addition STREET ADDRESS 5.2 NAME CITY - ST - ZIP 5 3 STREET ADDRESS TITLE 5 4 CITY - ST - ZIP DELETE NAME € 1 TITLE STREET ADDRESS 62 NAME 63 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is volun anily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 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 annual report is filing the report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-534-0007