

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 280291 (6)

1. Corporation Name

TYRESOLES OF TAMPA INC



Principal Place of Business

1127 TWIGGS STREET
TAMPA FL 33602

Mailing Address

1127 TWIGGS STREET
TAMPA FL 33602

3. Date Incorporated or Qualified
04/08/1964

3a. Date of Last Report
03/14/1995

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

10. Name and Address of New Registered Agent

GRIFFIN, W L
1127 TWIGGS STREET
TAMPA FL

81 Name

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

83

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 the 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

GRIFFIN, W L

1.2 NAME

STREET ADDRESS

10607 BRYAN ROAD

1.3 STREET ADDRESS

CITY - ST - ZIP

TAMPA FL

1.4 CITY - ST - ZIP

TITLE

D

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

GRIFFIN, DAVID

2.2 NAME

STREET ADDRESS

5496 LE CLARE

2.3 STREET ADDRESS

CITY - ST - ZIP

LUTZ FL

2.4 CITY - ST - ZIP

TITLE

SD

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

GRIFFIN, RONELDA

3.2 NAME

STREET ADDRESS

10607 BRYAN ROAD

3.3 STREET ADDRESS

CITY - ST - ZIP

TAMPA FL

3.4 CITY - ST - ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

4.2 NAME

CITY - ST - ZIP

4.3 STREET ADDRESS

TITLE

☐ DELETE

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

5.1 TITLE

☐ Change ☐ Addition

CITY - ST - ZIP

5.2 NAME

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - 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:

RONELDA GRIFFIN - SEC

Date

07-96 813227-9444

Daytime Phone #

CR2E034 (12/95)