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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 280291

TYRESOLES OF TAMPA INC

FILED
Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90002 050 ***150.00



Principal Place	e of Business	Mailing Address				1			
1127 TWIGGS S	STREET	1127 TWIGGS STREET							
TAMPA FL 3360		TAMPA FL 33602							
	•						T WRITE IN THIS	SPACE	
						3. Date Incorporated or Qu	ualiteo	:	
	•	·				04/08/1964	<u></u>		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-1050558	<u> </u>	No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				- C-difference of Status Dog	inad .	\$8.75 /	Additional
22	,	27				5. Certifcate of Status Des	sired , 🗀	Fee Re	equired
City & State	A	City & State				6. Election Campaign Fina	incina —	\$5.00	May Be
´		28				Trust Fund Contribution	- 11	Added t	
.23	Country	Zip	Cou	ntrv		8. This corporation owes t		tangible	
Zip			30			Personal Property Tax.	ne current your m	Yes	□No
24	25	<u> </u>	301	r		10 Name and Address of	New Registered		
	9. Name and Address of Current	t Registered Agent	-	81	Name	10. Name and Address of	How Itegistered	- Barn	
	managara a	•		"	Name				
	FFIN,W.L.	•		82	Street Add	ress (P.O. Box Number is Not	Acceptable)	-	
= ± ±5%1127	7 TWIGGS STREET						<u> </u>		
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Affino or n	rogistored agent or both in the State (of Florida, Silich Change was au	IINONZED	וו עם נ	he corporati	ion's board of directors. I hereb	y accept the appo	intment as re	gistered
agent La	im familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statı	utes.					
ayon. ia									
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applicable. (NOTE:			signature require	ed when reinstating) : 🤫	DATE	······································	
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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.

6.4 CITY-ST-ZIP