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 # **282528** **(9)**

1. Corporation Name

HUGGINS AND OTHEN TIRE SERVICE, INC.

Principal Place of Business

408 WEST EIGHTH STREET
JACKSONVILLE FL 32206

Mailing Address

408 WEST EIGHTH STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: **06/18/1964**

3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1050197** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLD, KATHLEEN H
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 Section 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT PIRECTOR
NAME	HUGGINS, WILLIAM J	12 NAME	ROBERT N. PRICE
STREET ADDRESS	408 W 8TH STREET	13 STREET ADDRESS	408 W 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	JACKSONVILLE, FL 32210
	☒ DELETE		☒ Change ☒ Addition
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	JACKSON, E I	22 NAME	
STREET ADDRESS	408 W 8TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	
	☐ DELETE		
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	WALKER, B A	32 NAME	
STREET ADDRESS	408 W 8TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	
	☐ DELETE		
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	JACKSON, B. H.	42 NAME	
STREET ADDRESS	408 W. 8TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
	☐ DELETE		
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
	☐ DELETE		
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: Robert N Price 9/15/96 3538721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT N. PRICE