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ANNUAL REPORT 1995

DOCUMENT # 301156 (6)

WALKER TIRE AND RECAPPING INC

APPROVED AND FILED

95 MAR -1 PM 4:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 1418 NORTH EAST 54TH STREET, FORT LAUDERDALE FL 33334

Mailing Address: 1418 NORTH EAST 54TH STREET, FORT LAUDERDALE FL 33334

3. Date Incorporated or Qualified: 01/24/1966

3a. Date of Last Report: 02/11/1994

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt. #, etc.: 22 / 27

City & State: 23 / 28

Zip: 24 / 29 — Country: 25 / 30

4. FEI Number: 59-1107494 — ☐ 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

LEJA,MICHAEL J
1418 NE 54 ST
FORT LAUDERDALE FL

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	LEJA, OLGA S
STREET ADDRESS	1418 NE 54TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	PD
NAME	LEJA, MICHAEL J
STREET ADDRESS	1418 NE 54TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
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)(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: Olga S. Leja — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2-25-95 Date — 305-771-0843 Daytime Phone

0236740 CP