ILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00			FILED
PROFIT CORPORATION	S	FLORIDA DEPARTMENT OF STATE	Feb 13 1998 8
NNUAL REPORT		Sandra B. Mortham Secretary of State	C C

:00am Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)OK TIRE STORE OF PANAMA CITY INC Principal Place of Business Mailing Address 3401 E. BUS HWY 98 3401 E. BUS HWY 98 PANAMA CITY FL 32401 PANAMA CITY FL 32401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1969 4. FEI Number Applied For 59-1270621 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent A1 Name WATTS, DONALD 1903 BROWN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32405 83 City 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ablice, typical organites) name of negodorest agent and the Cappocable (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE ☐ Change NAME

■ Addition WATTS, DONALD 1.2 NAME 1903 BROWN AVE. STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE 21 TITLE ■ Change ■ Addition WATTS, PATRICIA B NAME 2.2 NAME 1903 BROWN AVE. STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition STAATS, ROBERT B NAME **3.2 NAME** 229 MCKENZIE AVE STREET ADDRESS 3.3 STREET ADDRESS PANAMA CITY FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - ST - ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 attac

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

Addition

Addition