

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 10:15

DOCUMENT # 366685 (6)

1. Corporation Name

MARION TIRE AND BATTERY COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

210 W SILVER SPRINGS BLVD
OCALA FL 32708-0000
US 34475

Mailing Address

210 W SILVER SPRINGS BLVD
OCALA FL 32708-0000
US 34475

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1970

3a. Date of Last Report

04/14/1994

4. FEI Number

59-1354476

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 34475

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34475

29 Country

30 Country

9. Name and Address of Current Registered Agent

**MANSFIELD, DORSEY T
4601 SE 40TH CT
OCALA, FL
34480**

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 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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD

NAME

MANSFIELD, M J

STREET ADDRESS

4601 SE 40TH COURT

CITY - ST - ZIP

OCALA, FL 00000

TITLE

PD

NAME

MANSFIELD, DORSEY T

STREET ADDRESS

4601 SE 40TH COURT

CITY - ST - ZIP

OCALA, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

SECRETARY

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

PRESIDENT

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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 in this report, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DORSEY T MANSFIELD

Date

4/13/95 904-025880

(Type in Phone #)