

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **392980** (9)
1. Corporation Name
DOLPHIN TIRE CO. OF FLORIDA

Principal Place of Business
**7071 N MILITARY TRAIL
W PALM BEACH FL 33410**

Mailing Address
**7071 N MILITARY TRAIL
W PALM BEACH FL 33410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1390647	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCKAY JR, LEWIS E 8240 S VIRGINIA AVE LAKE PARK FL 33418		81 Name McKay, Jill A.	
		82 Street Address (P.O. Box Number is Not Acceptable) 8240 South Virginia Ave.	
		83 Lake Park, Fl. 33418	
		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 *Jill A. McKay* **JILL A. MCKAY** DATE **4-21-98**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MCKAY, LEWIS	1.2 NAME	McKay, Lewis
STREET ADDRESS	8240 S VIRGINIA AVE	1.3 STREET ADDRESS	8240 S. Virginia Ave.
CITY - ST - ZIP	LAKE PARK, FL 00000	1.4 CITY - ST - ZIP	Lake Park, Fl. 33418
TITLE	ST	2.1 TITLE	P/ST
NAME	MCKAY, JILL	2.2 NAME	McKay, Jill A.
STREET ADDRESS	8240 S VIRGINIA AVE	2.3 STREET ADDRESS	8240 S. Virginia ave.
CITY - ST - ZIP	LAKE PARK, FL 00000	2.4 CITY - ST - ZIP	Lake Park, Fl. 33418
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Jill A. McKay* **JILL A. MCKAY** DATE **4-21-98**

CR2E034 (10/97)