

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-220-90 B-1333-0

DOCUMENT # 446992 (0)

1. Corporation Name

GRIMES TIRE COMPANY, INC.



Principal Place of Business

12150 US 301
DADE CITY FL 33525
US

Mailing Address

12150 US 301 301
DADE CITY FL 33525
US

3. Date Incorporated or Qualified
02/27/1974

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 12150 US 301

4. FEI Number
59-1515533

Applied For
Not Applicable

22 City & State

27 City & State

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

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

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENFELDER, (GLEN E.)
~~100 N. 8RD ST.~~
DADE CITY FL 33525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14217 3RD ST.

83

84 City DADE CITY

FL 85 Zip Code 33525

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
PD
GRIMES JR., CHARLES T
37631 FAIRFIELD LANE
DADE CITY FL

1.2 CITY - ST - ZIP

2.1 TITLE ☐ DELETE

NAME
STD
GRIMES, BRIGITTE
37631 FAIRFIELD LANE
DADE CITY FL

2.2 CITY - ST - ZIP

3.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

4.1 CITY - ST - ZIP

5.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

6.1 CITY - ST - ZIP

7.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

8.1 CITY - ST - ZIP

9.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

10.1 CITY - ST - ZIP

11.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

12.1 CITY - ST - ZIP

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)(k), 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:

Charles T. Grimes Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (352) 567-2707
Date Daytime Phone #

CR2E034 (12/95)