FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:21

DOCUMENT # **470633** **(9)**

1. Corporation Name
MCDONALD TIRE SERVICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1258 2015 HIGHWAY 37 SOUTH MULBERRY FL 33860	P.O. BOX 1258 2015 HIGHWAY 37 SOUTH MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1975
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26 2015 Highway 37 South
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO Box 1258
City & State 23	City & State 28 Mulberry, Fl
Zip / Country 24 / 25	Zip / Country 29 33860 / 30 Polk

4. FEI Number: 59-1576525 — 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	10. Name and Address of New Registered Agent
PUTERBAUGH, ROBERT E., 215 EAST LIME STREET LAKELAND FL 33802	81 Name: Wiley Johnson 82 Street Address (P.O. Box Number is Not Acceptable): 6519 Old Highway 37 83 84 City: Lakeland, FL 85 Zip Code: 33811

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: Wiley Johnson — Wiley Johnson, Vice President — 01/31/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, PAUL D.	1.2 NAME	
STREET ADDRESS	2525 SHEPARD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, WILEY	2.2 NAME	
STREET ADDRESS	6134 LYNMAR	2.3 STREET ADDRESS	6519 Old Highway 37
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, Fl 33811
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	ALBRITTON, WILLIAM H.	3.2 NAME	
STREET ADDRESS	3820 DAVIS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ALBRITTON, WILLIAM H.	4.2 NAME	
STREET ADDRESS	3820 DAVIS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRRY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William H. Albritton, Treasurer — 01/31/95 — (813) 646-5763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0317686 CP