2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # 478026** 1. Entity Name 04-09-2004 90058 005 ***150.00 SPAIN TIRE COMPANY Principal Place of Business Mailing Address - . 150 HOLLYWOOD BOULEVARD, S.E. FT WALTON BEACH FL 32548 150 HOLLYWOOD BOULEVARD, S.E. ひまひかひませい FT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1604972 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPAIN, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 215 YACHT CLUB DR FT WALTON BCH FL 32584 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SPAIN, WILLIAM E NAME NAME STREET ADDRESS 215 YACHT CLUB DR STREET ADDRESS CITY-ST-ZIP FT WATON BEACH FL CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change Addition NAME SPAIN, HAZEL H NAME 215 YACHT CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WATON BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SPAIN; HAZELTHT NAME STREET ADDRESS 215 YACHT CLUB DR STREET ADDRESS CITY-ST-ZIP FT WATON BEACH FL CITY-ST-ZIP TITLE ☐ Delete Addition SPAIN, W. RANDALL NAME NAME 217 YACHT CLUB DR STREET ADDRESS STREET ADDRESS FT WALTON BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Sharing WILLIAM E. SPAIN 4-6-04 850-243-7024
ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date