

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 499829

1. Entity Name
JIM WELLS TIRE CENTER, INC.



Principal Place of Business
**1853 THOMASVILLE RD.
TALLAHASSEE, FL 32303-5709**

Mailing Address
**1853 THOMASVILLE RD.
TALLAHASSEE, FL 32303-5709**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1659057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WELLS, JIMMY E
1853 THOMASVILLE RD
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	WELLS, JIMMY E
STREET ADDRESS	1853 THOMASVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 00000.
TITLE	PDS
NAME	WELLS, JIMMY E
STREET ADDRESS	1853 THOMASVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 00000.
TITLE	ST
NAME	WELLS, ALMA L
STREET ADDRESS	1853 THOMASVILLE RD.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	AST
NAME	CRAWFORD, DAWN L
STREET ADDRESS	1853 THOMASVILLE RD.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VP
NAME	PRIDGEON, TIM
STREET ADDRESS	4216 BEN BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	CRAWFORD, MARK
STREET ADDRESS	440 MERLIN WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32303

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Alma Wells *Alma Wells*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08

DATE

8502225305

DAYTIME PHONE #