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

APPROVED AND FILED

MAY 22 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 519922 (9)

1. Corporation Name
COTTON BOWL, INC.

Principal Place of Business
1015 WEST BAY DR.
LARGO FL 34640-0248

Mailing Address
1015 WEST BAY DR.
LARGO FL 34640-0248

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1976
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1704411 — 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

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 Country 25 | Zip 29 Country 30

9. Name and Address of Current Registered Agent

SMITH, COTTON W.
2221 BUENA VISTA DR
CLEARWATER FL 33546

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, COTTON W
STREET ADDRESS	2221 BUENA VISTA
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	VD
NAME	SMITH, PATRICIA
STREET ADDRESS	2221 BUENA VISTA
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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(1)(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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95 (Date) 813 584 5370 (Daytime Phone #)

0361464 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **520109** **(0)**

1. Corporation Name

SUN TIRE COMPANY

Principal Place of Business: 7495 SW 24TH STREET, MIAMI FL 33155

Mailing Address: 7495 SW 24TH STREET, MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1976**
3a. Date of Last Report: **07/11/1994**
4. FEI Number: **59-1708782** — 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 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24, Country 25 | Zip 29, Country 30

9. Name and Address of Current Registered Agent

CABANAS, MARIA A
13210 SW 51ST ST
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CABANAS, JULIO
STREET ADDRESS	13200 SW 51 ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VP
NAME	CABANAS,REGLA
STREET ADDRESS	13210 SW 51TH ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	S
NAME	CABANAS, EMIGDIO
STREET ADDRESS	13200 SW 50TH ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	T
NAME	CABANAS, MARCOS
STREET ADDRESS	132201 SW 52ND ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	AVP
NAME	VEGA, VIRGINIA
STREET ADDRESS	13210 SW SW 51ST STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ☐ Change ☐ Addition

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(1)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   5/15/95

0167104 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **525478** **(4)**

1. Corporation Name

BROWN MARINA CORPORATION

Principal Place of Business	Mailing Address
40 AUDUSSON AVENUE P. O. BOX 1415 PENSACOLA FL 32596	40 AUDUSSON AVENUE P. O. BOX 1415 PENSACOLA FL 32596

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1727542 — 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

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROWN, W. T.
40 AUDUSSON AVENUE
PENSACOLA FL 32596

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, W. T.
STREET ADDRESS	1700 OSCEOLA BLVD
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	D
NAME	BRYAN, W. H.
STREET ADDRESS	3705 MACKY COVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	~~POWERS, R. K.~~ Delete
STREET ADDRESS	~~709 S.W. PARK AVE.~~
CITY-ST-ZIP	~~MILTON FL~~
TITLE	D
NAME	BROWN, FLORA G.
STREET ADDRESS	600 GAMARRA ROAD
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	BRYAN, SHIRLEY F.
STREET ADDRESS	3705 MACKY COVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	BROWN, S. J.
STREET ADDRESS	600 GAMARRA ROAD
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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: [signature] 5-5-95 904-453-3471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Warren T. Brown

0302304 CP