

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 524962 (8)

1. Corporation Name
NORTHSIDE TIRE COMPANY



Principal Place of Business
206 EAST 63RD STREET
JACKSONVILLE FL 32208-4714

Mailing Address
206 EAST 63RD STREET
JACKSONVILLE FL 32208-4714

3. Date Incorporated or Qualified 02/02/1977	3a. Date of Last Report 03/10/1995
4. FEI Number 59-1718201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

MCMENAMY, WILLIAM
200 W. FORSYTH ST.
SUITE 1400
JACKSONVILLE, FL 32202

10. Name and Address of New Registered Agent

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

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 the following)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
1. TITLE	2. NAME
3. STREET ADDRESS	4. CITY - ST - ZIP
5. TITLE	6. NAME
7. STREET ADDRESS	8. CITY - ST - ZIP
9. TITLE	10. NAME
11. STREET ADDRESS	12. CITY - ST - ZIP
13. TITLE	14. NAME
15. STREET ADDRESS	16. CITY - ST - ZIP
17. TITLE	18. NAME
19. STREET ADDRESS	20. CITY - ST - ZIP
21. TITLE	22. NAME
23. STREET ADDRESS	24. CITY - ST - ZIP
25. TITLE	26. NAME
27. STREET ADDRESS	28. CITY - ST - ZIP
29. TITLE	30. NAME
31. STREET ADDRESS	32. CITY - ST - ZIP
33. TITLE	34. NAME
35. STREET ADDRESS	36. CITY - ST - ZIP
37. TITLE	38. NAME
39. STREET ADDRESS	40. CITY - ST - ZIP
41. TITLE	42. NAME
43. STREET ADDRESS	44. CITY - ST - ZIP
45. TITLE	46. NAME
47. STREET ADDRESS	48. CITY - ST - ZIP
49. TITLE	50. NAME
51. STREET ADDRESS	52. CITY - ST - ZIP
53. TITLE	54. NAME
55. STREET ADDRESS	56. CITY - ST - ZIP
57. TITLE	58. NAME
59. STREET ADDRESS	60. CITY - ST - ZIP
61. TITLE	62. NAME
63. STREET ADDRESS	64. CITY - ST - ZIP
65. TITLE	66. NAME
67. STREET ADDRESS	68. CITY - ST - ZIP
69. TITLE	70. NAME
71. STREET ADDRESS	72. CITY - ST - ZIP
73. TITLE	74. NAME
75. STREET ADDRESS	76. CITY - ST - ZIP
77. TITLE	78. NAME
79. STREET ADDRESS	80. CITY - ST - ZIP
81. TITLE	82. NAME
83. STREET ADDRESS	84. CITY - ST - ZIP
85. TITLE	86. NAME
87. STREET ADDRESS	88. CITY - ST - ZIP
89. TITLE	90. NAME
91. STREET ADDRESS	92. CITY - ST - ZIP
93. TITLE	94. NAME
95. STREET ADDRESS	96. CITY - ST - ZIP
97. TITLE	98. NAME
99. STREET ADDRESS	100. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. 1. TITLE	2. Change <input type="checkbox"/> Addition <input type="checkbox"/>
3. 2. NAME	
5. 3. STREET ADDRESS	
7. 4. CITY - ST - ZIP	
9. 5. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
11. 6. NAME	
13. 7. STREET ADDRESS	
15. 8. CITY - ST - ZIP	
17. 9. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
19. 10. NAME	
21. 11. STREET ADDRESS	
23. 12. CITY - ST - ZIP	
25. 13. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
27. 14. NAME	
29. 15. STREET ADDRESS	
31. 16. CITY - ST - ZIP	
33. 17. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
35. 18. NAME	
37. 19. STREET ADDRESS	
39. 20. CITY - ST - ZIP	
41. 21. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
43. 22. NAME	
45. 23. STREET ADDRESS	
47. 24. CITY - ST - ZIP	
49. 25. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
51. 26. NAME	
53. 27. STREET ADDRESS	
55. 28. CITY - ST - ZIP	
57. 29. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
59. 30. NAME	
61. 31. STREET ADDRESS	
63. 32. CITY - ST - ZIP	
65. 33. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
67. 34. NAME	
69. 35. STREET ADDRESS	
71. 36. CITY - ST - ZIP	
73. 37. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
75. 38. NAME	
77. 39. STREET ADDRESS	
79. 40. CITY - ST - ZIP	
81. 41. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
83. 42. NAME	
85. 43. STREET ADDRESS	
87. 44. CITY - ST - ZIP	
89. 45. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
91. 46. NAME	
93. 47. STREET ADDRESS	
95. 48. CITY - ST - ZIP	
97. 49. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
99. 50. NAME	
101. 51. STREET ADDRESS	
103. 52. CITY - ST - ZIP	
105. 53. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
107. 54. NAME	
109. 55. STREET ADDRESS	
111. 56. CITY - ST - ZIP	
113. 57. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
115. 58. NAME	
117. 59. STREET ADDRESS	
119. 60. CITY - ST - ZIP	
121. 61. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
123. 62. NAME	
125. 63. STREET ADDRESS	
127. 64. CITY - ST - ZIP	
129. 65. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
131. 66. NAME	
133. 67. STREET ADDRESS	
135. 68. CITY - ST - ZIP	
137. 69. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
139. 70. NAME	
141. 71. STREET ADDRESS	
143. 72. CITY - ST - ZIP	
145. 73. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
147. 74. NAME	
149. 75. STREET ADDRESS	
151. 76. CITY - ST - ZIP	
153. 77. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
155. 78. NAME	
157. 79. STREET ADDRESS	
159. 80. CITY - ST - ZIP	
161. 81. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
163. 82. NAME	
165. 83. STREET ADDRESS	
167. 84. CITY - ST - ZIP	
169. 85. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
171. 86. NAME	
173. 87. STREET ADDRESS	
175. 88. CITY - ST - ZIP	
177. 89. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
179. 90. NAME	
181. 91. STREET ADDRESS	
183. 92. CITY - ST - ZIP	
185. 93. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
187. 94. NAME	
189. 95. STREET ADDRESS	
191. 96. CITY - ST - ZIP	
193. 97. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
195. 98. NAME	
197. 99. STREET ADDRESS	
199. 100. 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: X *[Signature]* X 3/13/96 904-365-5583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)