

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

8/3/04

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90104 016 \*\*\*150.00

**DOCUMENT # 524962**

1. Entity 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**

**66432187**



07262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1718201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MC MENAMY, WILLIAM  
50 NORTH LAURA STREET, SUITE 2925  
JACKSONVILLE, FL 32202**

**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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESPERANCE, LARRY 8009 VIRGO ST. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCFALLS, DON 281 WEST 68TH ST. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POPPELL, GRAIG AT 2 BOX 3565 HILLIARD, FL 32048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLINGTON, TIMMIE 8121 COLLINS RD., LOT 175 JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*Graig Poppell* *Graig Poppell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-04

Date

904-765-5583

Daytime Phone #