

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 576077 (2)

1. Corporation Name
YARBROUGH TIRE COMPANY OF PERRY, INC.



Principal Place of Business: 602 W. HAMPTON AVENUE, P.O. BOX 1545, PERRY FL 32347
Mailing Address: 602 W. HAMPTON AVENUE, P.O. BOX 1545, PERRY FL 32347

3. Date Incorporated or Qualified: 06/19/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1857490
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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. Mailing Address
26. Suite, Apt #, etc
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**SMITH, MICHAEL S.
107 E. GREEN STREET
P.O. DRAWER 579
PERRY, FL C 32347**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *[Signature]* (Signature by or for the named registered agent and the applicable [NOTE: Registered Agent signature required when reinstating]) Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
NAME	WIGGINS, MARTHA Y.	12 NAME	
STREET ADDRESS	801 EAST LEON STREET	13 STREET ADDRESS	
CITY - ST - ZIP	PERRY FL	14 CITY - ST - ZIP	
TITLE	ST	21 TITLE	
NAME	HOLLOWELL, SUZY	22 NAME	
STREET ADDRESS	110 CEDAR RD	23 STREET ADDRESS	
CITY - ST - ZIP	PERRY, FL 00000	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Suzzy Hollowell* *Suzzy Hollowell* 6/28/96 904 584-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)