

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 # 607616 (0)

1. Corporation Name

JOHNNY MYERS USED TIRES, INC.



Principal Place of Business

Mailing Address

4248 FOWLER ST.
FT MYERS FL 33901

4248 FOWLER ST.
FT MYERS FL 33901

3. Date Incorporated or Qualified

01/23/1979

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

12670 New Brittany Blvd. 59-1888115

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 101

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

Fort Myers, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

Fort Myers, FL

8. This corporation has liability for changeable tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

Zip

Country

Zip

Country

33907

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, JOHN
4248 FOWLER ST
FT MYERS FL 33901

81 Name

Robert D. Royston, Jr.

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

12670 New Brittany Blvd.,

83

Suite 101

84 City

Fort Myers,

FL

85 Zip Code

33907

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, to 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 of Registered Agent (if applicable)

(Not Registered Agent signature required when reinstating)

DATE

6/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
RD
MYERS, JOHN
7267 LAKE DR SW
FORT MYERS FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
STD
MYERS, CHERYL
7267 LAKE DR SW
FORT MYERS FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cheryl Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (941) 637-9483
DATE (Typed Name)

CR2E034 (3/96)