2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692367 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name TIRE MART, INC. 04-20-2000 90068 014 ***150.00 Principal Place of Business Mailing Address 1876 N COVE BLVD 1876 N COVE BLVD PANAMA CITY FL 32405 PANAMA CITY FL 32412-5308 2. Principal Place of Business 3. Mailing Address P.O. BOX 35308 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2115300 ANAMA Not Applicable \$8.75 Additional 5. Certificate of Status Desired B·USA Fee Required 32412 -5308 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALBRITTON, RICHARD H. JR. Street Address (P.O. Box Number is Not Acceptable) 1042 JENKS AVE. PANAMA CITY FL 32401 Zip Code City FL 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. CR2F034 (9/99) ☐ Addition **PSD** Delete TITLE Change TITLE GARRICK, MARTIN E NAME STREET ADDRESS STREET ADDRESS 3411 W. 15TH ST. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 Addition ☐ Delete ☐ Change TITLE TITLE DUDLEY, LOYDENE NAME STREET ADDRESS STREET ADDRESS 442 S. MCARTHUR AVE. CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition ☐ Defete TITLE TITLE DUDLEY, LUTHER M. NAME NAME STREET ADDRESS STREET ADDRESS 442 \$,. MCARTHUR AVE. CITY-ST-ZIF CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 11 or Block 12 if

PRESIDENT

changed, or on an attachment with an address, with all other like empowered.