## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 694990

(3)

C AND J TIRES INCORPORATED

Principal Piac	rincipal Prace of Business Mailing Address										
8401 HIGHWAY 90 P O BOX 854 MILTON FL 32583-B317		8401 HIGHWAY 90 P O BOX 854 MILTON FL 32583-8317									
							3. Date incorporated or Qualified 07/16/1981		Date of Last R 1/01/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number			oplied For	
21		26					59-2111523   Not Applicable   \$8.75 Additional				
Suite, Apt.	#, RIG	Suite Apt. #. etc.	} <sub>1</sub>				5. Certificate of Status Desired			Additional equired	
City & State	P.	City & State				6. Election Campaign Financing		\$5.00	May Be		
23		28					Trust Fund Contribution		Added	to Fees	
Z(p <b>24</b>	Country 2 p			Country			This corporation has liability fo     Florida Statutes		le tax under s	. 199.032,	
24	25 9, Name and Address of Cur		30				10. Name and Address of New R				
JOR	DAN, CHARLES			81	Name	!					
	1 HWY 90			82	Street	Addre	ss (P.O. Box Number is Not Accepta	able)			
MILT	ON FL 32583					, 10.0.0					
				83							
				84	City				<b>85</b> Zip	Code	
11 Pursuant	to the previous of Sections 607.	0502 and 607 1508 Florida Stati	ites the at	2006	-namer	deorne	ration submits this statement for the	FI	et changing if	te registered	
office or r	egistered agent, or both in the St	ate of Florida. Such change was	authorized	d by	the cor	poratio	on's board of directors. I hereby aco	ept the ap	pointment as	registered	
ŭ	m familiar with, and accept the of	rigations or, becausi our dood, r	nonda Siai	utes							
SIGNATURE	Buyer as inglesconders, and some softis general	Lagent and title 15, primable (60)	OTE: Registered	J Age	nt signatur	e required	1 when reinstating)	DATE:			
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AN	P		
TITLE	D	L DELETE	1111						☐ Change	☐ Addition	
NAME	JORDAN, JAMES		1.2 N <sup>2</sup>								
STREET ADDRESS	RT 4 BOX 4				ADDRESS						
CITY-ST-ZIP TITLE	MILTON, FL 00000 D	DELETE	1.4 CI		r-ZIP	<del>+</del>			☐ Change	Addition	
NAME	JORDAN, CAROLYN			2.1 TITLE 2.2 NAME					LI Change	LII AQUITORI	
STREET ADDRESS	RT 4 BOX 4				ADDRESS	}					
CITY - S1 - ZIP	MILTON, FL 00000				71-21P						
TITLE	DP	☐ DELETE	3 1 TI	•		-			☐ Change	Addition	
NAME	JORDAN, CHARLES		3 2 N/	ME.							
STREET ADDRESS	8401 HWY 90		3 3 ST	REFT	ADDHESS	1					
CITY - ST - ZIP	MILTON FL		34 C	ITY - S	ST-ZIP	ļ					
TITLE		☐ DELETE	4 1 TI	TLE					L] Change	Addition	
NAME			4 2 N								
STREET ADDRESS			i i		ADDRESS						
CITY-S1-ZIP TITLE		DELETE	4 4 CI 5 1 TI		r-ZiP	<del> </del>			☐ Change	Addition	
NAME		Land Creek Pe	5 2 NA						Onlarige	L. ROSINOI	
STREEL ADDRESS					ADDRESS						
City - ST - ZiP			5.4 CI								
TITLE		DELETE	6.1 TI			1			☐ Change	Addition	
NAME			62 NA	ME							
STREET ADDRESS			6351	REET	ADDRESS						

14. I do 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 annual report or suppliemental 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 it changed, or on an attachment with an address.

SIGNATURE: Chapter Statutes and the complete of the corporation of 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 it changed, or on an attachment with an address.

SIGNATURE: Chapter Statutes and the complete of the corporation of 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 it changed, or on an attachment with an address.

SIGNATURE: Chapter Statutes are statuted as a second of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicates and that my signature shall have the same legal effect as if made under oath; that the information is a statute of the corporation of the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is a stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information is a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information is a stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information is a stated in Section 119.07(3)(i

6.4 CITY - ST-ZIP