

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

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **838204** (6)
1. Corporation Name
ANDALUSIA TIRE COMPANY, INC.



Principal Place of Business

850 BY PASS WEST
POB 446
ANDALUSIA AL 36420

Mailing Address

850 BY PASS WEST
POB 446
ANDALUSIA AL 36420-0446

3. Date Incorporated or Qualified: **04/12/1977**
3a. Date of Last Report: **03/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **63-0650237**
Applied For: Applied For
Not Applicable: Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip

County

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

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: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	CATON, JAMES B.	1.2 NAME	
12.3 STREET ADDRESS	1300 BROOKLYN ROAD	1.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	ANDALUSIA AL	1.4 CITY-ST-ZIP	
12.5 TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	CATON, PATRICIA E.	2.2 NAME	
12.7 STREET ADDRESS	1300 BROOKLYN RD	2.3 STREET ADDRESS	
12.8 CITY-ST-ZIP	ANDALUSIA AL	2.4 CITY-ST-ZIP	
12.9 TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	CATON, JAMES B. III	3.2 NAME	
12.11 STREET ADDRESS	850 BY PASS WEST	3.3 STREET ADDRESS	
12.12 CITY-ST-ZIP	ANDALUSIA AL	3.4 CITY-ST-ZIP	
12.13 TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	CATON, GREG	4.2 NAME	
12.15 STREET ADDRESS	850 BY PASS WEST	4.3 STREET ADDRESS	
12.16 CITY-ST-ZIP	ANDALUSIA AL	4.4 CITY-ST-ZIP	
12.17 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
12.21 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information included in or on the 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 a director or officer 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 or changed, or on an attachment, with an address.

SIGNATURE: **Greg Caton**
SIGNATURE TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97 (334) 222-3136
Date Daytime Phone #

CR2E034 (9/96)