May 06, 1999 8:00 am Secretary of State

05-06-1999 90119 035 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 838204

1. Corporation Name

ANDALUSIA TIRE COMPANY, INC.

	OIA THIE COMILARY, INC.								
Principal Place	e of Business	Mailing Address	,- ,			רה ונהור שניפו ושוגר הדובו: ושושהר ר	ING BEBE BEBE D	INI DINI BINI	ופפו וופגק וופוס ו
850 BY PASS WEST		850 BY PASS WEST							
POB 446		POB 446			1	DO NOT WEL	TE IN TUIC	CDACE	
ANDALUSIA AL 36420		ANDALUSIA AL 36420				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						•			
2. Deingingt Di	and of Rusinana	2a. Mailing Address				04/12/1977 4. FEI Number			pplied For
2. Principal Place of Business		26				63-0650237			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desired		·	Required
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23						Trust Fund Contribution		Added	I to Fees
Žip	Country	Zip	Country	,		8. This corporation owes the curr	ent year Int		
24	25	<del></del>	30			Personal Property Tax.	<del></del>	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	Registered	Agent	
CT C	CODDODATION SYSTEM		81	Nam	e				
CT CORPORATION SYSTEM		82		Stre	et Addres	s (P.O. Box Number is Not Accepta	able)		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			83	<del> </del>					
			84	City				85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut			-			_ FL			
		e of Fiorida. Such change was au	iinorizea ov	the co					
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:	ida Statutes Registered Ager	the co		rhen reinstating)	DATE		
agent. I ar SIGNATURE	m familiar with, and accept the obligation of registered again of the obligation of	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	Registered Ager	the co			DATE	D DIRECT	ORS IN 12
agent, I ar SIGNATURE	m familiar with, and accept the obligation of registered again of the obligation of	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:	Registered Ager  13.  1.1 TITLE	the co		rhen reinstating)	DATE		ORS IN 12
agent, I ar SIGNATURE  12. TITLE NAME	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME	the co	re required w	rhen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS	m familiar with, and accept the obligations of the state of the obligation of the state of the obligation of the state of the obligation o	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE	the cos.	re required w	rhen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE*	the cos.	re required w	rhen reinstating)	DATE	D DIRECT	ORS IN 12
agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CiTY-S 2.1 TITLE	the cos.	re required w	rhen reinstating)	DATE	D DIRECT	ORS IN 12
agent, I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E.	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signatu	re required w	rhen reinstating)	DATE	D DIRECT	ORS IN 12
agent, I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT	ORS IN 12
agent, I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E.	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT	ORS IN 12  Addition
agent, I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12  Addition
agent, I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12  Addition
agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III 850 BY PASS WEST	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
Agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P CATON, JAMES B. 1300 BROOKLYN RD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III 850 BY PASS WEST ANDALUSIA AL	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 3.4 CITY-S	T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
agent. I ar SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III 850 BY PASS WEST ANDALUSIA AL T	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	T ADDRES ST-ZIP T ADDRES ST-ZIP T ADDRES ST-ZIP	re required w	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
agent. I ar SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III 850 BY PASS WEST ANDALUSIA AL T CATON, GREG	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S	T ADDRES T ADDRES T ADDRES T ADDRES T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III 850 BY PASS WEST ANDALUSIA AL T CATON, GREG 850 BY PASS WEST	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 4.1 TITLE 4.2 NAME 4.3 STREE* 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE	T ADDRES T ADDRES T ADDRES T ADDRES T ADDRES	re required w	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
agent. I ar SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III 850 BY PASS WEST ANDALUSIA AL T CATON, GREG 850 BY PASS WEST	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRES ST-ZIP T ADDRES ST-ZIP T ADDRES ST-ZIP	ss ss	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
agent. I ar SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III 850 BY PASS WEST ANDALUSIA AL T CATON, GREG 850 BY PASS WEST	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE  DELETE	Title	T ADDRES ST-ZIP T ADDRES ST-ZIP T ADDRES ST-ZIP T ADDRES ST-ZIP	ss ss	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P CATON, JAMES B. 1300 BROOKLYN ROAD ANDALUSIA AL S CATON, PATRICIA E. 1300 BROOKLYN RD ANDALUSIA AL V CATON, JAMES B. III 850 BY PASS WEST ANDALUSIA AL T CATON, GREG 850 BY PASS WEST	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE  DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRES ST-ZIP T ADDRES ST-ZIP T ADDRES ST-ZIP T ADDRES ST-ZIP	ss ss	rhen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attack mental my name appears in the receiver of the corporation of the corporation 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 if changed, or an an attack mental my name appears in the corporation of the corporati

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)