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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name F03560

(2)

EVANS TIRES & TREADS, INC.

Principal Place of Business Mailing Address 385 ENTERPRISE ST. 385 ENTERPRISE ST. OCOEE FL 34761 **OCOEE FL 34761** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1980 2, Principal Place of Business 2a. Mailing Address 4. FEI Number 21 59-2040120 26 Suite, Apt. #, etc. Suito, Apt. #, etc 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country Country Ζip 24 25 Personal Property Tax due June 30. 29 30

FILED May 12 1998 8:00am Secretary of State



Applied For

CR2E034 (10/97

Not Applicable \$8.75 Additional Fee Regulred \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EVANS, MICHAEL H. 949 OAK POINT CIR. 82 Street Address (P.O. Box Number is Not Acceptable) OCOBE, FLORIDA **B3** APOPKA FL 32712 **B4** City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change NAME Evans, Michael H. 1.2 NAME STREET ADDRESS 949 OAK POINT CIR. 1.3 STREET ADDRESS apopka fl CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Addition ☐ Change TITLE 21 TITLE FEREDA, DANIEL A NAME 22 NAME 1119 WOODSMERE PKWY STREET ADDRESS 2.3 STREET ADDRESS ROCKLEDGE FL CITY - ST - ZIP 2.4 CITY - ST - ZIP DELETE Change TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 of 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 cord of t