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**PROFIT** CORPORATION

1. Corporation Name

STREET ADDRESS

DOCUMENT # F31400



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## ANNUAL REPORT 1999

## **FILED** Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90024 037 \*\*\*150.00

WIGGINS	S TIRE SUPPLY, INC.										
Principal Place	e of Business	Mailing Address	_				BIBIL ABILL BE		<b>B</b> 11 <b>W</b> 1 <b>W</b> 14 1		11 01011 1001
5105 LUNN ROAD 5105 LUNN ROAD LAKELAND FL 33811					DO NO	T WRITË II	N THIS	SPACE			
						3. Date Incorporated or Qu					
						04/01/1981					
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number				Appli	ied For
21		26				59-2085126					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Des	ired	]		<b>75</b> Add e Requ	ditional uired
City & State	8	City & State				6. Election Campaign Fina	ncing _	1	\$5.	.00 м	lay Be
23		28				Trust Fund Contribution	=:		= Ad	ded to l	Fees
Zìp	Country	Zip	Cou	untry		8. This corporation owes ti	ne current y	year Inta		_	<u>.</u>
24	25	29	30	,	-	Personal Property Tax.			X Yes		∃No
	9. Name and Address of Current	Registered Agent		94		10. Name and Address of	New Regi	stered /	Agent		
COE	F, JAMES W			81	Name	, ,					
	S. FLORIDA AVE. STE 8			82	Street Addre	ess (P.O. Box Number is Not A	cceptable)	)			
	ELAND FL 33813			83		·	·				
				03							
				84	City	•		FI	85	Zip Co	ode
44 D	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statut	as tha a	hove-	-named como	pration submits this statement	for the pur	oose of	changin	a its re	egistered
- rursuant	egistered agent, or both, in the State of	of Clasida, Coab, abanda otalai	uthorizor	d L 41	he corporatio	n's board of directors. I hereby	accept the	e appoir	itment a	s regis	stered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Stat	u by ti tutes.	ine corporatio						
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Fig	nda Stat	iutes.		·	٠				
agent. I ai SIGNATURE	m familiar with, and accept the obligati	and title of applicable. (NOTE	nda Stat	d Agent	signature required	when reinstating)	· · · ·	DATE			
agent. I all SIGNATURE	m familiar with, and accept the obligati	and title of applicable. (NOTE	nda Stat	d Agent		·	· · · ·	DATE		CTOR	
agent. I all SIGNATURE  12.	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Fic. and title if applicable. (NOTE D DIRECTORS	: Registered	d Agent		when reinstating)	· · · ·	DATE	D DIRE	CTOR	S IN 12
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agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P WIGGINS, HUGH K 5105 LUNN ROAD	ons of, Section 607.0505, Fic. and title if applicable. (NOTE D DIRECTORS	:: Registered 13. 1.1 Ti 1.2 Ni 1.3 S	d Agent TLE AME	signature required	when reinstating)	· · · ·	DATE	D DIRE	CTOR	S IN 12
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agent. I at SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND WIGGINS, HUGH K 5105 LUNN ROAD LAKELAND, FL 00000	ons of, Section 607.0505, Fic. and title of applicable. (NOTE D DIRECTORS DELETE	:: Registered 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 C	d Agent ITLE AME TREET A	signature required	when reinstating)	· · · ·	DATE	D DIRE ☐ Cha	CTOR:	S IN 12
agent. I at SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P WIGGINS, HUGH K 5105 LUNN ROAD LAKELAND, FL 00000	ons of, Section 607.0505, Fic. and title of applicable. (NOTE D DIRECTORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 S 1.4 C 2.1 Ti 2.2 Ni	d Agent ITLE AME TREET A	signature required	when reinstating)	· · · ·	DATE	D DIRE ☐ Cha	CTOR:	S IN 12
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6.4 CITY-ST-ZIP 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

6.3 STREET ADDRESS