

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

0522498

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90217 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F93000005354

1. Corporation Name

ROBBINS TIRE AND RUBBER COMPANY, INCORPORATED

Principal Place of Business

**200 W SIXTH ST
MUSCLE SHOALS AL 35661
US**

Mailing Address

**P.O. BOX 60
TUSCUMBIA AL 35674**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1993

4. FEI Number

63-0176961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 3415 THOMPSON ST

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 MUSCLE SHOALS, AL

Zip

Country

24 35661

25 US

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DAVIS, PONCET JR
9909 COLLINS AVE.
BAL HARBOUR FL 33154**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **MCCUISTION, H D**
CITY-ST-ZIP **106 BROOKE DR.
MUSCLE SHOALS AL 35661**

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **CROSSWHITE, JERRIE**
CITY-ST-ZIP **106 CHASE DR.
MUSCLE SHOALS AL 35661**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DAVIS, PONCET JR**
CITY-ST-ZIP **9909 COLLINS AVE.
BAL HARBOUR FL 33154**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

JERRIE CROSSWHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

256-383-5441 X105

Daytime Phone #

CR2E034 (11/98)