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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000003701 (7)**

1. Corporation Name
WILSON TIRE STORES, INC.

Principal Place of Business
3938 GOVERNMENT BLVD. SUITE 101
MOBILE AL 36693-4315

Mailing Address
3938 GOVERNMENT BLVD. SUITE 101
MOBILE AL 36693-4317

3. Date Incorporated or Qualified: 07/19/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 Suite 102
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 Suite 102
City & State
28
Zip 29 Country 30

4. FEI Number: 63-1130071 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP [ ] DELETE	1.1 TITLE	[X] Change [ ] Addition
NAME	KEMMEMER, DON	1.2 NAME	
STREET ADDRESS	3938 GOVERNMENT BLVD, SUITE 101	1.3 STREET ADDRESS	3938-A Government Blvd, Suite 102
CITY-ST-ZIP	MOBILE AL 36693-4315	1.4 CITY-ST-ZIP	
TITLE	VCV [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	WILSON, JAMES W III	2.2 NAME	
STREET ADDRESS	4121 CARMICHAEL RD, SUITE 501	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	2.4 CITY-ST-ZIP	
TITLE	VD [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	WILSON, WILLIAM B	3.2 NAME	
STREET ADDRESS	4121 CARMICHAEL RD, SUITE 501	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	3.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	WILSON, JAMES W JR	4.2 NAME	
STREET ADDRESS	4121 CARMICHAEL RD, SUITE 501	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	4.4 CITY-ST-ZIP	
TITLE	ST [ ] DELETE	5.1 TITLE	[X] Change [ ] Addition
NAME	BURGESS, J. MICHAEL	5.2 NAME	
STREET ADDRESS	3938 GOVERNMENT BLVD, SUITE 101	5.3 STREET ADDRESS	3938-A Government Blvd, Suite 102
CITY-ST-ZIP	MOBILE AL 36693-4315	5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(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.

SIGNATURE [illegible]

CR2E034 (9/96)