## 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 #

(4)

	ANDLE TIRE DISTRIBUTORS	Mailing Address			
			* 101 110		
PARK ROAD. ST. GEORGE ISLAND PARK ROAD. ST. GEORGE P.O. BOX 583 P.O. BOX 583			E ISLAND		
EAST POINT FL 32328		EAST POINT FL 32328		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/10/1983	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2347263	Not Applicable
Suite, Apt.	#, elc	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22		27		V. Certificate of Status Desired	Fee Required
City & State	<b>3</b>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zlp	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30	Total and the second se	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
FISH, KENNETH G.			81 Name		
PRIVATE RD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
EAST POINT FL 32328					
			83		
			84 City		85 Zip Code
		r		FL	<b>-</b>
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	About to D.	Folk		1-5-9	
SIGNATORE	Signature, typed or printed name of registered agen	****	Registered Agent signature requir		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FISH, KENNETH G.		1.2 NAME		
STREET ADDRESS	PRIVATE ROAD PO BOX 583		1.3 STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT FL		1.4 CITY-ST-ZIP		Total Large
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DETELE	3.1 TITLE		∐ Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		

CITY - ST - ZIP 14. 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 or an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

**FILED** 

Jan 15 1998 8:00am

Secretary of State

Change

Change

Addition