FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 23 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G70452 (9)

1. Corporation Name
ROBERTSON TIRE AND SERVICE CO., INC.

Principal Place of Business
4239 N HWY 17-92
SANFORD FL 32773

Mailing Address
4239 N HWY 17-92
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: **01/01/1984**
3a. Date of Last Report: **05/17/1994**
4. FEI Number: **59-2350738** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$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 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTSON, DANNY R.
4239 NO HWY 17-92
SANFORD FL 32773

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
Registered Agent Signature — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	TITLE	P/V ☑ Change ☐ Addition
NAME	ROBERTSON, DANNY	NAME	Robertson, Danny
STREET ADDRESS	4239 NO HWY 17-92	STREET ADDRESS	4239 N. Hwy. 17-92
CITY-ST-ZIP	SANFORD, FL 00000	CITY-ST-ZIP	Sanford, Fl. 32773
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, OPAL	NAME	
STREET ADDRESS	4239 N HWY 17-92	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, PAM	NAME	
STREET ADDRESS	4239 NO HWY 17-92	STREET ADDRESS	
CITY-ST-ZIP	SANDORD FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pam Robertson Pam Robertson 5/17/95 (407)323-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0060002 CP