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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 # **G70452** **(9)**

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

Principal Place of Business	Mailing Address
4239 N HWY 17-92 SANFORD FL 32773	4239 N HWY 17-92 SANFORD FL 32773-6193

3. Date Incorporated or Qualified: **01/01/1984**
3a. Date of Last Report: **04/08/1996**

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

2a. Mailing Address
26 | 4976 C.R. 427
Suite, Apt. #, etc.
27 |
City & State
28 | Sanford, Florida
Zip 29 | 32773 Country 30 | Seminole

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 | 4976 C.R. 427

84 City | Sanford **FL** 85 Zip Code | 32773

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: _____ (If changing Registered Agent, Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	☐ DELETE	1.1 TITLE ☑ Change ☐ Addition
NAME	ROBERTSON, DANNY		1.2 NAME
STREET ADDRESS	4239 NO HWY 17-92		1.3 STREET ADDRESS 4976 C.R. 427
CITY-ST-ZIP	SANFORD, FL 00000		1.4 CITY-ST-ZIP Sanford, Fl. 32773
TITLE	ST	☐ DELETE	2.1 TITLE ☑ Change ☐ Addition
NAME	ROBERTSON, PAM		2.2 NAME
STREET ADDRESS	4239 NO HWY 17-92		2.3 STREET ADDRESS 4976 C.R. 427
CITY-ST-ZIP	SANDORD FL		2.4 CITY-ST-ZIP Sanford, Fl. 32773
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
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
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			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

CR2E034 (9/96)

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: Pam Robertson Pam Robertson 3/17/97 407-322-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #