## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

|   | MENT # <b>H242</b>   | 51 (1   | )                          |   |   |   |
|---|--|---|----------------------------|---|---|---|
| 1. Corporation TWO  | GUYS DISCOUNT TIRE A   | ND BATTERY, INC.  | •                          |   |   |   |
|   |  |   |                            |   |   |   |
| Principal Place of Business Mailing Address                               |  |   |                            | 1984844   | <u> </u>  |   |
| 389 N. HWY 17-92 389 N. HWY 17-92 LONGWOOD FL 32750-1403 LONGWOOD FL 3275 |  |   |                            |   |   |   |
| 7   |  |   |                            |   | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |                            | 09/28/1984  | 04/19/1995  |   |
| 21 •  |  | 26  |                            | 4. FEt Number 59-2447416  | Applied For Not Applicable  |   |
| Suite, Apt. #   | , etc.   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.        |   | 5. Certificate of Status Desired  | \$9.75 Additional   |
| Otty & State  |  | 27  |                            |   | Fee Required  |   |
| City & State  |  | City & State  |                            | 6. Election Campaign Financing Trust Fund Contribution                | (C) \$5.00 May Be<br>Added to Fees  |   |
| Zip<br><b>24</b>  | <u> </u>   |   | Country                    | 8. This corporation has liability for intangible tax under s 199,032, |   |   |
| 24  | 25   29   30  <br>9. Name and Address of Current Registered Agent                    |   | [30]                       | Florida Statutes Yes No  10. Name and Address of New Registered Agent |   |   |
|   |  | Triogistored Agent  | 81                         | Name  | IU. Name and Address of New H   | egistered Agent   |
| BRAVO   | ), CARMINE M.  |   | 82                         | Stroot  | Address (P.O. Box Number is Not Acceptab  |   |
|   | STATE ROAD 434   |   | <u> </u>                   |   | uress (F.O. Box Number is Not Acceptable)   |   |
| LONGV   | VOOD FL 32750  |   | 83                         |   |   |   |
|   |  |   | 84                         | City  |   | 85 Zip Code   |
| 11. Pursuant to   | the provisions of Sections 607.0502  | and 607.1508, Florida Statu                                   | tes, the above-r           | named co  | rporation submits this statement for the pur  | pose of changing its registered office                            |
|   | id agent, or both, in the State of Floric<br>n, and accept the obligations of, Secti |   |                            | oration's   | rporation submits this statement for the pur<br>board of directors. Thereby accept the apport | pintment as registered agent. I am                                |
| SIGNATURE _   |  |   |                            |   |   |   |
| 12.   | Signature, typed or printed name of registered agent.  OFFICERS AND                  |   | OTE: Registered Agen       | t signature re  | equired when reinstating)   | DATE  |
| TILE  | PS   | DELETE  | 1. 1 TITLE                 |   | ADDITIONS/CHANGES TO OFF  |   |
| NAME  | SPENCE, JOHN CHAIG   |   | 1.2 NAME                   |   | SPENCIE, JANET GOI  | CCC A study   |
| STREET ADDRESS  | 101 E. PANAMA ROAD   |   | 1.3 STREET                 | ADDRESS   | P/3   |   |
| CITY-ST-ZIP   | WINTER SPRINGS FL  |   | 1.4 CHY- S                 | 1- <b>7</b> IP  |   |   |
| TITLE   | DVP  | □ DELETE  | 2.1 TITLE                  |   | • ***   | Change Addition   |
| NAME<br>CIDEET ADDIOGES   | Gould, Vaughn F.<br>101 E.Panama Rd.   |   | 2.2 NAME                   |   |   |   |
| STREET ADDRESS CITY-ST-ZIP  | WATE SPGS. FL  |   | 2.3 STREET                 | - 1   |   |   |
| TITLE   | D //   | ☐ DELETE  | 2.4 CITY - ST<br>3 1 TITLE | - ZIP   |   | Channe D Addition   |
| NAME  | SPENCER JOHN CRAIG   |   | 3.2 NAME                   |   | SPENCE, JOHN  | Co Change Addition  |
| STHEET ADDRESS  | 101 E. PANAMA ROAD   |   | 33. STREET                 | ADDRESS   | 312110210   | TOPIX   |
| Cfly-Si-zir   | WINTER SPRINGS FL  |   | 3.4 CITY-S1                |   |   | •   |
| TITLE   |  | DELETE  | 4. 1 TITLE                 |   |   | ☐ Change ☐ Addition   |
| NAME  |  |   | 4.2 NAME                   |   |   |   |
| STREET ADDRESS  |  |   | 4.3 STREET                 | ADDRESS   |   |   |
| CHTY-ST-ZIP   |  |   | 4.4 CITY-ST                | -ZIP  |   |   |
| TITLE   |  | ☐ DELETE  | 5. 1 TITLE                 |   |   | Change Addition   |
| NAME<br>STREET ADDRESS  |  |   | 5.2 NAME                   |   |   |   |
| CITY-ST-ZIP   |  |   | 5 3 STREET                 |   |   |   |
| TITLE   |  | DELETE  | 6 1 TITLE                  | - £ P   |   | Change C Addition   |
| NAME  |  | trust   | 6.2 NAME                   |   |   | Change Addition   |
| STREET ADDRESS  |  |   | 6.3 STREET                 | ADDRESS   |   |   |
| CHY-ST-ZIP  |  |   | 6 4 City - St              | - <b>2</b> IP   |   |   |
| 14. I do hereby   | certify that the information supplied,w  | ith this filing is voluntarily furn                           | each bae badain            | not qual  | fy for the exemption stated in Section 119.0  | )7(3)(k), Florida Statutes. I further                             |
| oath; that I  | am an officer or director of the comor<br>block 12 or Block 13 if changed or or      | ation or the repeiver or trusten<br>an attachment with an add | e empowered to ress.       | execute   | urate and that my signature shall have the set this report as required by Chapter 607, Flo    | ame legal effect as if made under rida Statutes; and that my name |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SH

OF SIGNING OFFICER OR DIRECTOR

4-18-96

407-699-53 og