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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **H48637** **(3)**

1. Corporation Name

K-S TIRE AND AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
14324 N. DALE MABRY HWY TAMPA FL 33618	14324 N. DALE MABRY HWY TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/22/1985	04/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2523487 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONEY, TOM 203 KELSEY LN STE F TAMPA FL 33619	81 Name: Tom Money 82 Street Address (P.O. Box Number is Not Acceptable): 2409 East Second Avenue 83 84 City: Tampa FL 85 Zip Code: 33605

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	President	☒ Change ☐ Addition
NAME	KAUFFMAN, JOHN H.	12 NAME	John Kauffman	
STREET ADDRESS	609 CORDELL DR	13 STREET ADDRESS	4847 Clark Howell Highway	
CITY-ST-ZIP	COLLEGE PARK GA	14 CITY-ST-ZIP	College Park, Georgia 30349	
TITLE	D	21 TITLE	Vice President/Secretary	☒ Change ☐ Addition
NAME	SHAW, EARL R.	22 NAME	Earl R. Shaw	
STREET ADDRESS	14324 N. DALE MABRY	23 STREET ADDRESS	4847 Clark Howell Highway	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	College Park, Georgia 30349	
TITLE		31 TITLE	Treasurer	☐ Change ☒ Addition
NAME		32 NAME	Mark Kauffman	
STREET ADDRESS		33 STREET ADDRESS	4847 Clark Howell Highway	
CITY-ST-ZIP		34 CITY-ST-ZIP	College Park, Georgia 30349	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 no address.

SIGNATURE: _____ 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0290030 CP