

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

APPROVED
AND
FILED

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 14324 N. DALE MABRY HWY TAMPA FL 33618	Mailing Address 14324 N. DALE MABRY HWY TAMPA FL 33618
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1985		3a. Date of Last Report 04/05/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2523487		Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under S. 190.039 Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**MONEY, TOM
203 KELSEY LN
STE F
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81. Name
Tom Money

82. Street Address (P.O. Box Number is Not Acceptable)
2409 East Second Avenue

83. City
Tampa

84. State
FL

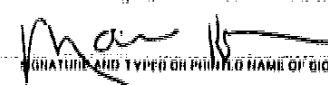
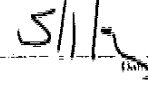
85. Zip Code
33605

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME KAUFFMAN, JOHN H.	1.1 TITLE Resident	☒ Change ☐ Addition
STREET ADDRESS 609 CORDELL DR		1.2 NAME John Kauffman	
CITY - ST - ZIP COLLEGE PARK GA		1.3 STREET ADDRESS 4847 Clark Howell Highway	
		1.4 CITY - ST - ZIP College Park, Georgia 30349	
TITLE D	NAME SHAW, EARL R.	2.1 TITLE Vice President / Secretary	☒ Change ☐ Addition
STREET ADDRESS 14324 N. DALE MABRY		2.2 NAME Earl R. Shaw	
CITY - ST - ZIP TAMPA FL		2.3 STREET ADDRESS 4847 Clark Howell Highway	
		2.4 CITY - ST - ZIP College Park, Georgia 30349	
TITLE	NAME	3.1 TITLE Treasurer	☐ Change ☒ Addition
STREET ADDRESS		3.2 NAME Mark Kauffman	
CITY - ST - ZIP		3.3 STREET ADDRESS 4847 Clark Howell Highway	
		3.4 CITY - ST - ZIP College Park, Georgia 30349	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 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)(k), 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:  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR