SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H57391** **(5)**

1. Corporation Name
J & J TIRE & SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
4040 N. PALAFOX HWY. PENSACOLA FL 32505	4040 N. PALAFOX HWY. PENSACOLA FL 32505

3. Date Incorporated or Qualified: 05/16/1985
3a. Date of Last Report: 07/27/1995

2. Principal Place of Business
21 5760 Limestone Rd
Suite, Apt # etc. 22
City & State 23 Pensacola, FL
Zip 24 32504 Country 25 Escambia

2a. Mailing Address
26 5760 Limestone Rd
Suite, Apt #, etc. 27
City & State 28 Pensacola, FL
Zip 29 32504 Country 30 Escambia

4. FEI Number: 59-2532562 ☐ 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

ABBEY, THOMAS DAN
5760 LIMESTONE RD.
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name: ALEENE ABBEY
82 Street Address (P.O. Box Number is Not Acceptable): 5760 LIMESTONE RD
83
84 City: PENSACOLA FL **FL** 85 Zip Code: 32504

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: Aleene Abbey 7-24-96
Signature, typed or printed name of registered agent and title of officer. (REQUIRED: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PSTD	☑ Change ☐ Addition
NAME	ABBEY, ALEENE		12 NAME		
STREET ADDRESS	5760 LIMESTONE RD.		13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ABBEY, THOMAS D.		22 NAME		
STREET ADDRESS	5760 LIMESTONE RD.		23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ABBEY, MICHARL T		32 NAME		
STREET ADDRESS	7519 A CREEK RIDGE RD		33 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Aleene Abbey 7-24-96 904-434-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number