FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H60520

(4)

PORT ST. LUCIE TIRE & SERVICE CENTER, INC.

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							Q10 84614 81801 61611 81811 81811 81811 4861
B263 S US HWY 1 PORT ST LUCIE FL 34952		B263 S US HWY 1 PORT ST LUCIE FL 34952					
							E IN THIS SPACE
						3. Date Incorporated or Qualified 06/05/1985	
2. Principal P	Place of Business	2a. Ma	alling Address			4. FEI Number	Applied For
21		26	26			59-2524735	Not Applicable
Suite, Apt. #, etc.		Su 	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country Zip		Country		Trust Fund Contribution 8. This corporation owes or has p	Added to Fees aid the current year Intangible	
24	25	[29]		30		Personal Property Tax due Jun	e 30. 🔲 Yes 🔲 No
9, Name and Address of Current Registered Agent HOPSON ROGER F 81 Name						10. Name and Address of New R	egistered Agent
HOPSON, ROGER F. 8263 S US HWY 1				01	Name		
	PRT ST LUCIE FL 33452			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)
'*	THE STATE OF THE STATE			83			
				84	City		leel 3: O. J.
					-		FL 85 Zip Code
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							
Signature, typed or pretest some of registered apend and talled applicable (NOTE Higistored Agent equated when reinstating) DATE							
12. TiTLE	OFFICERS AT	AD DIRECTO	RS DELFTE	13.		ADDITIONS/CHANGES TO OFFI	
NAME	HOPSON, ROGER F.		נ_] טנניונ	1.1 TITLE 1.2 NAME			☐ Change ☐ Addition
	TREET ADDRESS 990 SW HUNT CLUB CIR		1.3 STREET ADDRESS		ADODESC		
CITY-ST-ZIP	PALM CITY FL			1.4 CITY- S			
TITLE	DELETE		2.1 TITLE			Change Addition	
NAME			2 2 NAME			ļ	
STREET ADDRESS				23 STREET	ADDRESS		l
CITY-ST-ZIP				2 4 CITY - S	T-ZIP		
TITLE	L] DELETE		3 1 TITLE			Change Addition	
NAME OTOGET ADODESO				32 NAME			l
STREET ADORESS CITY+ST-ZIP				33 STREET	- 1		ļ
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NAME				4 2 NAME			orange realism
STREET ADDRESS				4.3 STREET	ADDRESS		1
CITY-ST-ZIP				4.4 CITY-SI			
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	address		
CITY-ST-ZIP				5.4 CITY - ST	r-ZIP		
TITLE			DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS :		
CITY-ST-ZIP	parify that the information constant	with this these	dose not a mist	6.4 CITY-\$1		Section 110 07(3)(i) Florida Statutas	I di mata a a a a a a a a a a a a a a a a a

Thereby certify that the information supplied with this fining does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the informatio 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 eath; that I am an officer or director of the corporation of 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 changing, or on an attachment with an address