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FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H91254** (3)

1. Corporation Name  
**FLORIDA AIRCRAFT TIRE SERVICE, INC.**

Principal Place of Business  
**3604 CENTURY BLVD  
LAKELAND FL 33811-1376**

Mailing Address  
**3604 CENTURY BLVD  
LAKELAND FL 33811-1376**

3. Date Incorporated or Qualified  
**12/20/1985**

3a. Date of Last Report  
**01/23/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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4. FEI Number  
**59-2613168**

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

10. Name and Address of New Registered Agent

**PARKS, JOHN PAUL  
%WENDEL, CHRITTON & PARKS  
5300 S FLORIDA AVE  
LAKELAND FL 33813**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **BATES, RICHARD D.**  
STREET ADDRESS **5235 PAUL BROWN RD**  
CITY - ST - ZIP **LAKELAND FL**

TITLE **VS** ☐ DELETE  
NAME **BATES, SUE ELLEN K.**  
STREET ADDRESS **5235 PAUL BROWN RD**  
CITY - ST - ZIP **LAKELAND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
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CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 an address.

SIGNATURE: *Sue Ellen Bates* **2.14.97 941-647-1481**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)