

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1985	
21		26		4. FEI Number 59-2613168	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
30		31			

9. Name and Address of Current Registered Agent PARKS, JOHN PAUL %WENDEL, CHRITTON & PARKS 5300 S FLORIDA AVE LAKELAND FL 33813				10. Name and Address of New Registered Agent	
				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATES, RICHARD D.			1.2 NAME	Bates, Sue Ellen K.		
STREET ADDRESS	5235 PAUL BROWN RD			1.3 STREET ADDRESS	5050 Southwind Drive		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP	Mulberry, FL 33860		
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATES, SUE ELLEN K.			2.2 NAME	Bates, Richard D. Bates		
STREET ADDRESS	5235 PAUL BROWN RD			2.3 STREET ADDRESS	5050 Southwind Drive		
CITY-ST-ZIP	LAKELAND FL			2.4 CITY-ST-ZIP	Mulberry, FL 33860		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Bates, John Richard D.		
STREET ADDRESS				3.3 STREET ADDRESS	724 Interlachen Pkwy		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Lakeland, FL 33801		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Dodds, Keith S.		
STREET ADDRESS				4.3 STREET ADDRESS	3142 Henderson Circle East		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Lakeland, FL 33803		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 K. Bates* 3-3-98 041-647-1481

CR2E034 (10/97)