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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J09588

(1)

1. Corporation Name CAR & TRUCK TIRE SERVICES, INC. Principal Place of Business 941 S.E. 11TH AVE. CAPE CORAL FL 33990 PO BOX 150610 CAPE CORAL FL 33990 US								
		• •			3. Date Incorporated or Qualifie 04/14/1986		ate of Last R 24/1996	aport
	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21	#	Suito, Apl. #, etc.			59-2688008			t Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State		6. Election Campaign Financing		\$5.00		
23		28			Trust Fund Contribution		Added t	
Zip	Country	7 _{IP}	Countr	y	8. This corporation has liability f			
25		29 30			Florida Statules		□ No	
	9, Name and Address of Curre	nt Registered Agent		···	10. Name and Address of New	Registered	Agenl	
EVE VAN DER HOEK				Name				
	SE 11TH AVE		82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33990			-					
			83					
			84	City		IT I	85 Zip (Code
11 Purcuant	to the provisions of Soctions 607 Of	02 and 607 1508 Florida Statu	itos tho shou	o named cor	noration submite this statement for th	FL	f changing it	e registered
office or agent. I a	registered agent, or both, in the Statement than the obligation of the register of the obligation in the obligation of t	e of Florida. Such change was gations of, Section 607.0505, F	authorized b torida Statute	y the corpora s.	poration submits this statement for th tion's board of directors. I hereby ac-	ept the app	pointment as	registered
SIGNATURE								
40	Signature, typed or printed name of registered as			ent signature requ	red whon reinstaling)	TACE	> DIBLOTOR	10 IN 40
12.	OFFICERS AND DIRECTORS DELETE		13. 1,1 Till,E		ADDITIONS/CHANGES TO OF	FIGERS AN	Change	Addition
NAME	VAN DER HOEK, MICHAEL D.		1,2 NAME					· Addition
STREET ADDRESS	941 S.E. 11TH AVE.			1 ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CHY-S1-7IP					
TITLE	VSD □ DELETE		2 1 11TLF	···			Change	Addition
NAME	van der hoek, eve		2 2 NAME					
STREET ADDRESS	941 S.E. 11TH AVE.		2 3 S1REE	FADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		2 4 CITY- \$1 - ZIP					
TITLE	☐ DELETE 3.1		3.1 TITLE				Change	Addition
NAME	3.		3.2 NAME					
STREET ADDRESS			3.3 STREE	1 ADURESS				ļ
CITY-ST-ZIP			34. CITY-	ST-ZIP				
TITLE			4 1 111LF				L Change	☐ Addition
NAME .			4 2 NAME					
STREET ADDRESS				T ADDRESS				}
CITY-ST-ZIP			4.4 CHY-	S1 · ZIP		~-	Channa	Addition
TITLE	į		5.1 10116				Change	Addition
NAME CTREET ADDRESS			5.2 NAME	T ADOUG OF				
STREET ADDRESS				T ADDHESS				l
CITY-ST-ZIP TITLE		DELETE	5.4 CHY- 6.1 THLE	51 · ZII'			Change	Addition
NAME			G 2 NAME				onungo	
STREET ADDRESS				LADDRESS				

14. I do hereby certify that the information supplied with this filling 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 logal 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.