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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** J31894

(5)

DEPENDABLE TIRE SERVICE, INC.

**FILED** Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1112 E. 21ST ST 1112 E. 21ST ST JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/03/1986 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 59-2729690 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes □Ño 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WYNN, WILLIAM J. 1112 E. 21ST ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32206 83 84 City Zip Code 85 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 life if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Addition WYNN, WILLIAM J. NAME 1.2 NAME R2E034 1112 E. 21ST ST STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE WYNN, JOY C 2.2 NAME NAME 1112 E. 21ST ST 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ■ Addition DELETE Change TITLE 3.1 TITLE WYNN, TIMOTHY J 3.2 NAME NAME 1112 E 21ST ST 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE ROSE, JANIE 4. 2 NAME NAME 1112 E 21ST ST STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change \_\_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 address.

6.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

904-355-5033