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PROFIT **CORPORATION** ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name J46429

(3)

FLOTATION TIRE OF BELLE GLADE, INCORPORATED

Principal Place of Business Mailing Address 700 N.W. AVENUE L 700 N.W. AVENUE L BELLE GLADE FL 33430 BELLE GLADE FL 33430 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-2769173 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CURTISS, DONALD E. 700 NW AVENUE L Street Address (P.O. Box Number is Not Acceptable) **BELLE GLADE FL 33430** 83 City Zip Code 65 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE CURTISS. DONALD E. 1.2 NAME NAME 12671 BUCKLAND ST 1:3 STREET ADDRESS STREET ADDRESS **Wellington** Fl 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE K Change Addition TITLE 2.1 TITLE KELLEY, JUDITH C. 2.2 NAME NAME 425 SE 4th Street STREET ADDRESS **34**5 SE 4TH AVE 2 3 STREET ADDRESS **SOUTH BAY FL** 2.4 CITY- ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change ■ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition TITLE NAME 6.2 NAME 6.3 STREET ADE STREET ADDRESS CITY-ST-ZIP

FILED

Jul 02 1998 8:00am

Secretary of State

for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an the execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplied with this indicated on this annual report or supplicmental annual ing does not quali is true and report officer or director of the co

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