FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J55828 (4)

1. Corporation Name
TARGET TIRE & PERFORMANCE CENTER, INC.

Principal Place of Business	Mailing Address
1810 NORTH MONROE STREET TALLAHASSEE FL 32303-4724	1810 NORTH MONROE STREET TALLAHASSEE FL 32303-4724

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1987
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business
21 2802 Capital Circle NE
22 Suite, Apt. #, etc.
23 Tallahassee, FL 32308
24 Zip: 32308 25 Country: Leon

2a. Mailing Address
26 2802 Capital Circle NE
27 Suite, Apt. #, etc.
28 Tallahassee, FL 32308
29 Zip: 32308 30 Country: Leon

4. FEI Number: 59-2763492 ☐ Applied For ☐ Not Applicable

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

MARSEY, JOHN L.
1810 NORTH MONROE STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2802 Capital Circle NE
83
84 City: Tallahassee, FL FL 85 Zip Code: 32308

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: John L. Marsey D/P ✓ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: April 20, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	MARSEY, JOHN L.	12 NAME		
STREET ADDRESS	6410 JOE COTTON TRAIL	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	MARSEY, JOYCE P.	22 NAME		
STREET ADDRESS	6410 JOE COTTON TRAIL	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, BARTRAM	32 NAME		
STREET ADDRESS	RT. 3, BOX 142-D	33 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John L. Marsey D/P April 20, 1995 (904)386-7278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Telephone Number
John L. Marsey D/P

0000648 CP