

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90320 003 ***150.00

DOCUMENT # J78586

1. Entity Name

BIG OAK TIRE, INCORPORATED

Principal Place of Business

Mailing Address

**C/O RICHARD L TAYLOR JR
 5411 KINKAID RD
 JACKSONVILLE FL 32244
 US**

**CC/O RICHARD L TAYLOR JR
 5411 KINKAID ROAD
 JACKSONVILLE FL 32244
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2814455**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, DERRY JO
 111 SWIMMING PEN DR
 MIDDLEBURG FL 32068**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **TAYLOR JR, RICHARD L**
 STREET ADDRESS **5411 KINKAID ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **Director** Change Addition
 NAME **Derry Jo Taylor**
 STREET ADDRESS **111 Swimming Pen Dr**
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **ST** Delete
 NAME **TAYLOR, EVEY P**
 STREET ADDRESS **5762 SPRINGHAVEN DRIVE**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Derry Jo Taylor* **DERRY JO TAYLOR** 4-23-01 904-264-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UN000009

CR2E034 (10/00)