

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J86363** (5)

1. Corporation Name

**EUREKA TIRE & AUTOMOTIVE, INC.**



Principal Place of Business

Mailing Address

14780 NE COUNTY RD  
STE 316  
FT MCCOY FL 32134  
US

14780 NE COUNTY RD #316  
PO BOX 273  
FT MCCOY FL 32134-0273  
US

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/10/1987</b>  | 3a. Date of Last Report<br><b>04/26/1995</b>                   |
| 4. FEI Number<br><b>59-2835884</b>  | Applied For<br>Not Applicable                                  |
| 5. Certificate of Status Desired  | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POMPIE, WINNETA H.  
14780 N.E. COUNTY ROAD 316  
FT. MCCOY FL 32134**

8. Name

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

83

84 City

85 Zip Code

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 (see Section 607.0505, Florida Statutes)

(If the Registered Agent signature requires acknowledgment)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>POMPIE, BILL E.</b>                    | 12 NAME   |   |
| STREET ADDRESS             | <b>EAST ROAD 316</b>                      | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>EUREKA FL</b>                          | 14 CITY-ST-ZIP  |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>POMPIE, WINNETA H.</b>                 | 22 NAME   |   |
| STREET ADDRESS             | <b>EAST ROAD 316</b>                      | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>EUREKA FL</b>                          | 24 CITY-ST-ZIP  |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>POMPIE, BILL J.</b>                    | 32 NAME   |   |
| STREET ADDRESS             | <b>EAST ROAD 316</b>                      | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>EUREKA FL</b>                          | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 42 NAME   |   |
| STREET ADDRESS             |   | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 52 NAME   |   |
| STREET ADDRESS             |   | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Winneta Pompie* **WINNETA, Pompie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 352-236-3200

CR2E034 (12/95)