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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL REPORT
1996
DOCUMENT #

J86532

(5)

FLORIDA TIRE, INC.

Principal Place of Business

Mailino Address



r in to promit nation	V . 20011000		% DOUGLAS R. BOLT 6974 W. COLONIAL DRIVE ORLANDO FL 32818						
	AS R. BOLT OLONIAL DRIVE F1 32818	6974 W. COLONIAI							
01124400	12 320.0					08/03/1987 0			of Last Report)4/25/1995
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21	M	Code Act A ste				59-2849826		60.7	Not Applicable
Suite, Apt. :	#, etc	Suite, Apt. #, etc. 27			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip 24	Country 25	7(p) 29	30			S. This corporation has liability for in Florida Statutes	□ No		s 199.032,
	g. Name and Address of Currer	nt Registered Agent	8	₁ ⊤	NI	10. Name and Address of New R	egistered A	Agent	
DOI #	DOUGLEG BANGAND		ľ		Name				
BOLT, DOUGLAS RAYMOND 6974 W. COLONIAL DRIVE ORLANDO FL 32818					Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
UHLAI	NDO FL 32818		8:	_	City			85 2	Zip Code
				1	City		FL	63	
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	da, Such change was author tion 607.0505, Florida Statuti	nzed by the cores.	rþo	ration's boar	ation submits this statement for the pur rd of directors. Thereby accept the appo	ointment as	registere	ed agent. Lan:
	Signature, typed or pented name of requirems, age:		Willer Besjedenski Ag	part:	Signature tequies are services		DATE	DIDLOI	ODO IN 10
12.	PSD OFFICERS AN	D DIRECTORS	13.	 E		ADDITIONS/CHANGES TO OFF		1 Change	
NAME	BOLT, DOUGLAS RAYMON		1.2 NAMI				L		, 🔲 ,,,,,,,,,,
STREET ADDRESS	5608 BAYSIDE DR.		135TRE		ADDRESS				
CITY-ST-ZIP	ORLANDO FL		14 Cl*Y						
TITLE		DELETE	2 1 1111] Change	Addition
NAME			2.2 NAMI	E					
STREET ADDRESS			2.3 STRE	ET A	4DDRESS				
CITY - ST - ZIP			2.4 CITY		- ZIP				
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NAME			6.2 NAM						
STREET ALIDRESS		•			ADDRESS				
C-TY-ST-ZIP	1		6.4 C/TY	- S1	- 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). Fiorida 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 it enabled, or than a trichment with an address.

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Douglas R. Bolt

(407) 297-7934

CR2E034 (12/95)