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 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J91655** **(7)**

1. Corporation Name

KAUFFMAN TIRE SERVICE OF TYRONE, INC.

Principal Place of Business	Mailing Address
2701 TYRONE BLVD % C T CORPORATION SYSTEM ST. PETERSBURG FL 33710-3037	2701 TYRONE BLVD % C T CORPORATION SYSTEM ST. PETERSBURG FL 33710-3037

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/15/1987**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-2845137** ☐ 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

MONEY, TOM
203 KELSEY LN
STE F
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: Tom Money
82 Street Address (P.O. Box Number is Not Acceptable): 2409 East Second Avenue
83
84 City: Tampa **FL** 85 Zip Code: 33605

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	KAUFFMAN, JOHN H.	12 NAME		
STREET ADDRESS	4847 CLARK HOWELL HWY.	13 STREET ADDRESS		
CITY ST ZIP	COLLEGE PARK GA	14 CITY ST ZIP		
TITLE	T	21 TITLE	Mark Kauffman Vice President/Secretary	☒ Change ☐ Addition
NAME	JUNG, MARTIN E.	22 NAME		
STREET ADDRESS	5395 TROWBRIDGE PL	23 STREET ADDRESS	4847 Clark Howell Highway	
CITY ST ZIP	DUNWOODY GA	24 CITY ST ZIP	College Park, Georgia 30349	
TITLE		31 TITLE	Treasurer Mark Keller	☐ Change ☒ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS	4847 Clark Howell Highway	
CITY ST ZIP		34 CITY ST ZIP	College Park, Georgia 30349	
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: _____ 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date (Required)

030033 CP