


FILED

Mar 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J91930</b> 1. Corporation Name: <b>BECTON'S TIRE SERVICE, INC.</b>		<b>(4)</b>	
Principal Place of Business: <b>304 HWY 27 SOUTH LAKE WALES FL 33853</b>		Mailing Address: <b>304 HWY 27 SOUTH LAKE WALES FL 33853-4561</b>	
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent			
<b>BECTON, DONALD E. 304 HWY 27 SOUTH LAKE WALES FL 33853</b>			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
12.1 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<b>PDT</b> <input type="checkbox"/> DELETE <b>BECTON, DONALD E</b> <b>304 HWY 27 SOUTH</b> <b>LAKE WALES FL</b> <b>VS</b> <input type="checkbox"/> DELETE <b>BECTON, PEGGY A.</b> <b>304 HWY 27 SOUTH</b> <b>LAKE WALES FL</b> <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an attachment with an address.			
<b>SIGNATURE: <i>Donald E. Becton</i> (Donald E. Becton)</b> SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)