


FILE NOW: FILING FEE AFTER MAY 15 \$550.00

FILED
Aug 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Norham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J98851 (5)
1. Corporation Name
BEN'S TIRES INC.

Principal Place of Business
175 N. D. Ave
P.O. BOX 669
WAUCHULA FL 33873

Mailing Address
P.O. BOX 669
WAUCHULA FL 33873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0021882	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRAHAM, JUDY 10 GEORGETOWN LOOP WAUCHULA FL 33873		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	GRAHAM, LOYD WAYNE	1.2 NAME	
STREET ADDRESS	10 GEORGETOWN LOOP	1.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	
NAME	GRAHAM, RICHARD W	2.2 NAME	
STREET ADDRESS	10 GEORGETOWN LOOP	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	GRAHAM, JUDY	3.2 NAME	
STREET ADDRESS	10 GEORGETOWN LOOP	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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: Lloyd Wayne Graham 6/16/98 (941) 773-2132

CR2E034 (10/97)