FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K08955

ALLIED MOBILE TRUCK TIRE SERVICE, INC.

Mailing Address

FILED May 01 1998 8:00am Secretary of State

| 1918 MASSACHUSETTS AVENUE ENGLEWOOD FL 34224 | | | | 1918 MASSACHUSETTS AVENUE ENGLEWOOD FL 34224 | | | | DO NOT WRITE IN THIS SPACE | | | |
|---|---------------------------|------------------------|------------|---|-----------------|--|--|--|--|--|--|
| | | | | | | | | 3. Date Incorporated or Qualified | | | |
| | Principal Place of Busin | ness | — | . Mailing Address | | | | 12/24/1987 4. FEI Number | Applied For | | |
| 21 | | | 26 | | | | | 59-2865852 | Not Applicable | | |
| 22 | Suite, Apt. #, etc | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| 23 | City & State | | 28 | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| 24 | Zip | Country 25 | 29 | Zip | 30 Co. | intry | | 8. This corporation owes or has paid the curre Personal Property Tax due June 30. | ent year Intangible Yes \(\Boxed{\omega}\) No | | |
| g, Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered Agent | | | | |
| LINDSAY, KIMBERLY S | | | | | | 81 | Name | | | | |
| 1918 MASSACHUSETTS AVENUE ENGLEWOOD FL 34224 | | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | 2.7022.7000 | | | | | 83 | | | | | |
| | | | | | | 84 | City | FL | 85 Zip Code | | |
| 11 | I. Pursuant to the provis | ions of Sections 607.0 | 0502 and 6 | 07.1508, Florida S | Statutes, the a | bove | a-named corpo | oration submits this statement for the purpose of | changing its registered | | |

| SIGNATURE | S | 5 | |
|----------------|---|---------------------------------|---|
| 12, | Signature, typed or printed name of registered agent and title if applicable (NOTE OFFICERS AND DIRECTORS | Registered Agent signature 13. | required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| | - | 1 | |
| NAME | LINDSAY, KIMBERLY S | 1.2 NAME | |
| STREET ADDRESS | 1918 MASSACHUSETTS AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-Z#P | ENGLEWOOD FL 34224 | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2. 4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4. 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | • |
| CITY-ST-ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| | | ■ | |

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: Kimberly Rindson Kimberly 5, Lindson 4-34-98