

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # K48083

(5)

1. Corporation Name
LEE ROAD TIRE CENTER, INC.



Principal Place of Business

% ROBERT. WEDDLE
1325 LEE ROAD
ORLANDO FL 32810

Mailing Address

% ROBERT. WEDDLE
1325 LEE ROAD
ORLANDO FL 32810-5852

3. Date Incorporated or Qualified
11/30/1988

3a. Date of Last Report
02/13/1996

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 30

4. FEI Number

59-2919822

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

LOTT LARRY
6 TAPPAN ZEE LN
LONGWOOD FL 32350

10. Name and Address of New Registered Agent

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

(Signature type for printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
12 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
13 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
14 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
15 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
16 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
17 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
18 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
19 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
20 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do 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:

Robert G. Weddle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)