Apr 14, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K48083**

1. Corporation Name

LEE ROAD TIRE CENTER, INC.

Principal Place of Business Malling Address						i indiftin ges gibat inin adigi it	1100 till Billi		. 4.4., 5.6 184,
% ROBERT, WE	DDLE	% ROBERT. WEDDLE							
1325 LEE ROAD 1325 LEE ROAD						DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32810 ORLANDO FL 32810					<u> </u>	3. Date Incorporated or Qualifed		SPACE	
					[ ]	11/30/1988			Į
2. Principal Pi	lace of Business	2a, Mailing Address				4. FEI Number		<u> </u>	Applied For
21	acco of Business	26			]	59-2919822		_ <del>-</del> -	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional
22 27						5. Certifcate of Status Desired		Fee R	Required
City & State City & State				:	- 1	6. Election Campaign Financing	П	\$5.00	May Be
23 28						Trust Fund Contribution		Added	to Fees
Zip					8. This corporation owes the current year Intangible				
24	25	29 30	L			Personal Property Tax.		☐ Yes	□No-
	9. Name and Address of Curren	t Registered Agent	81			0. Name and Address of New	Registered	Agent	
ιοπ	T LARRY		*'	Name	1				
6 TAPPAN ZEE LN			82	Street	Address	ddress (P.O. Box Number is Not Acceptable)			
LONGWOOD FL 32350			83		<del></del>	<del></del> -			
			03	i I					
			84	City			FI	85 Zip	Code
da Dimerrant	to the provisions of Sections 607.050	2 and ED7 1508 Florida Statutes	the above	a-named	t cornorat	ion submits this statement for the	nurnose of	changing if	ts registered
office or re	egistered agent, or both, in the State	of Florida. Such change was autho	onzed by	the corpo	oration's	board of directors. I hereby acce	pt the appoi	ntment as r	egistered
agent. I at	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes	•					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Reg	Istered Ager	nt signature r	required whe	en reinstating)	DATE		——— \
12,		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE					Change	Addition
NAME	WEDDLE, ROBERT G 12N		1.2 NAME						
STREET ADDRESS	1347 OLYMPIA PARK CIR 135		1.3 STREET	ADDRESS	s	Ň.			- [
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		<del></del>			
TITLE	VPDS □ DELETE 2.17		2.1 TITLE					☐ Change	e
NAME			2.2 NAME		ĺ				ł
STREET ADDRESS	- 1 · · · · · · · · · · · · · · · · · ·		2.3 STREE	TADDRESS	<b>;</b>				٠٠٠ ا
CITY-ST-ZIP			2.4 CITY-S	T-ZIP	<b> </b>	<del></del>			
TITLE"	···		3.1 TITLE	سة ر				- ← Change	-~ Addition
NAME	WEDDLE, ROBERT G.		3.2 NAME			•			ļ
STREET ADDRESS	A to a to the total and the to		3.3 STREE	ADORESS	i				(
CITY-ST-ZIP			3.4. CITY- S	T-ZIP	_			☐ Change	Addition
TITLE	-	□ DELETE	4.1 TITLE					Change	- Language
NAME.		}	4, 2 NAME		}				
STREET ADDRESS			4.3 STREE		3				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP	<del> </del> -	<del></del>		☐ Change	Addition
TITLE		☐ DEFEIF	5.1 TITLE 5.2 NAME					L.J Orianiyo	, <sup>[-]</sup> (Maniful
NAME			5.3 STREE	CADDRESS					
STREET ADDRESS		}	5.4 CITY-S						}
DITY.SI-7IP			J.7 U U		1				

14. 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP,

TITLE

NAME

□ DELETE

Addition

☐ Change