

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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1995 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

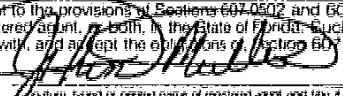
CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K 70102
1. Corporation Name
Tom's Oais Tire Service

Principal Place of Business Mailing Address
11013 NW 19th Manor
Coral Spgs Fl. 33071

2. Principal Place of Business 21. Same as above 5900 So. St. Rd 22. Suite, Apt. #, etc.	2b. Mailing Address 26. Same as above 27. Suite, Apt. #, etc.
23. City & State Ft. Lauderdale 24. Zip 33314	28. City & State Fl. 29. Zip Broward

9. Name and Address of Current Registered Agent
John Mullis
11013 NW 19th Manor
Coral Spgs Fl. 33071

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, 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 provisions of, Section 607.0505, Florida Statutes.
SIGNATURE: 

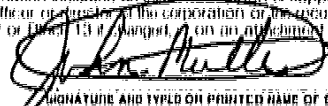
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3/3/89	3a. Date of Last Report 4/12/94
4. FEI Number 65-6104753	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	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS	Walter Mullis	2. NAME	
CITY, ST, ZIP	5900 S. ST. RD 7	3. STREET ADDRESS	
	FL. LAUD FL 33314	4. CITY, ST, ZIP	
TITLE	NAME	21. TITLE	☐ Change ☐ Addition
STREET ADDRESS		22. NAME	600001484646
CITY, ST, ZIP		23. STREET ADDRESS	-05/11/95--01090--0018
		24. CITY, ST, ZIP	****200.00 ****200.00
TITLE	NAME	31. TITLE	☐ Change ☐ Addition
STREET ADDRESS		32. NAME	
CITY, ST, ZIP		33. STREET ADDRESS	
		34. CITY, ST, ZIP	
TITLE	NAME	41. TITLE	☐ Change ☐ Addition
STREET ADDRESS		42. NAME	
CITY, ST, ZIP		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
TITLE	NAME	51. TITLE	☐ Change ☐ Addition
STREET ADDRESS		52. NAME	
CITY, ST, ZIP		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
TITLE	NAME	61. TITLE	☐ Change ☐ Addition
STREET ADDRESS		62. NAME	
CITY, ST, ZIP		63. STREET ADDRESS	
		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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, on an attachment with an address.

SIGNATURE:  4-25-95 305-792-0240

15a. 15b. 15c. 15d. 15e. 15f. 15g. 15h. 15i. 15j. 15k. 15l. 15m. 15n. 15o. 15p. 15q. 15r. 15s. 15t. 15u. 15v. 15w. 15x. 15y. 15z.