FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # K 70102

1. Corporation Name
TOM'S OASIS TIRE SERVICE

Principal Place of Business
~~1H013 NW 19th MANOR~~
~~CORAL SPRINGS FL~~
~~33071~~

Mailing Address

3. Date Incorporated or Qualified: 3/3/87
3a. Date of Last Report: 4-25-95

2. Principal Place of Business
21: 5900 S STATE RD 7

2a. Mailing Address
26: 5900 S. STATE RD 7.

4. FEI Number: 65-0104753 ☐ Applied For ☐ Not Applicable

22: Suite, Apt. #, etc.

27: Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23: FT LAUDERDALE FL

City & State
28: FT LAUDERDALE FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24: 33314 Country 25: BROWARD

Zip 29: 33314 Country 30: BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHN MULLIS
~~1H013 NW 19th MANOR~~
~~CORAL SPRINGS FL 33071~~

10. Name and Address of New Registered Agent

81 Name: JOHN MULLIS
82 Street Address (P.O. Box Number is Not Acceptable): 5900 S ST RD 7
83: 1
84 City: FT LAUDERDALE FL 85 Zip Code: 33314

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: John Mullis 4-4-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SEC/TREAS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WALTER MULLIS		1.2 NAME	
STREET ADDRESS	5900 S ST RD 7		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE 33314		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	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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-04/29/96--01010-026
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CR2E034 (12/95)

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 119.07(3)(k), 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: Walter Mullis WALTER MULLIS 4-4-96 954-792-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #