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

Block 12 or Block 13 if changed, or on an attachment with an address.

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) TIRE WHOLESALERS, INC. Principal Place of Business Mailing Address 3033 JACKSON BLUFF RD 3033 JACKSON BLUFF TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2941421 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JOHNSON, JACOB K 100 E FRALEIGH DR Street Address (P.O. Box Number is Not Acceptable) MADISON 32340 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. X DELETE 1.1 TITLE Change Addition TITLE JOHNSON, JACOB K. 100002473491--4 -03/31/98--01048--006 1.2 NAME NAME 3033 JACKSON BLUFF STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL ****150.00 ***2850.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WATTS, THOMAS D. NAME 2.2 NAME 3033 JACKSON BLUFF STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Danselme Martino ☐ Change Addition TITLE 3.1 TITLE 13155 SW 132 AVE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS minmi, fl. CITY-ST-ZIP 3.4. CITY-ST-ZiP alomon marting ☐ Change Addition TITLE 4.1 TITLE 13155 SN 132 AUF NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Edward E. Martino Dollete [Change Addition 5.1 TITLE TITLE 13155 SW 132 AVE. 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Directors Added pursuant DELETE to converse they with Change Addition 61 TITLE TITLE 6.2 NAME NAME Lisa marting on STREET ADDRESS **63 STREET ADDRESS** Scc 3-27-98 an 6.4 CITY-ST-ZIP CITY-ST-ZIP 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

10 (205)755 0055