FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06196 (4)

1. Corporation Name
ALLIED TIRE SALES, INC.

Principal Place of Business
3320A MAGGIE BOULEVARD
ORLANDO FL 32811

Mailing Address
3320A MAGGIE BOULEVARD
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-2967230 ☐ 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 § 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E VIRGINIA ST #1
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	S	☒ Change ☐ Addition
NAME	GORDY, ALLAN	12 NAME	Joseph C. Berexa	
STREET ADDRESS	3320 MAGGIE BLVD	13 STREET ADDRESS	3320-A Maggie Blvd.	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32811	
TITLE	~~S~~	21 TITLE	Delete	☒ Change ☐ Addition
NAME	~~OBRZUT, ANTHONY~~	22 NAME		
STREET ADDRESS	~~3320 MAGGIE BLVD.~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~	24 CITY-ST-ZIP		
TITLE	~~C~~	31 TITLE	Delete	☒ Change ☐ Addition
NAME	~~MITCHELL, ROBIN~~	32 NAME		
STREET ADDRESS	~~3320 MAGGIE BLVD.~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~BUFFALO NY~~	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	T	☒ Change ☐ Addition
NAME	OSBORN, LEROY	42 NAME	Osborn, Leroy	
STREET ADDRESS	3320 MAGGIE BLVD.	43 STREET ADDRESS	3320-A Maggie Blvd.	
CITY-ST-ZIP	BUFFALO NY	44 CITY-ST-ZIP	Orlando, FL 32811	
TITLE	D	51 TITLE	C	☒ Change ☐ Addition
NAME	MARRETT, PHIL	52 NAME	Marrett, Phil	
STREET ADDRESS	2761 LONG ROAD	53 STREET ADDRESS	3320-A Maggie Blvd.	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		61 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME		62 NAME	James Fox	
STREET ADDRESS		63 STREET ADDRESS	3320A Maggie Blvd	
CITY-ST-ZIP		64 CITY-ST-ZIP	Orlando, Fl	

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Joseph C. Berexa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 Date
407 648-1555 Daytime Phone #

0068853 CP