May 03, 1999 8:00 am Secretary of State

05-03-1999 90068 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L35214

1. Corporation Name

CHIEFLAND TIRE & SERVICE CENTER, INC.

| Principal Place of Business Mailing Address | | | | | | E INDESIDIA NOB SILBA BISIO INDUI HEBLI DIBN DIBN DIDIA BIDIA BIDIA | 01811 1481 | |
|---|--|-------------------------------|---|---|--|--|---|--|
| C/O PAUL MCELROY | | C/O PAUL MCELROY | | | | | | |
| P.O. BOX 2111 | | P.O. BOX 2111 | | | | DO NOT WRITE IN THIS SPACE | | |
| CHIEFLND FL 32644 | | CHIEFLIND FL 32 | CHIEFLND FL 32644 | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 12/08/1989 | - 1 | |
| 2. Principal P | lace of Business | 2a. Mailing Add | ress | • | | 4. FEI Number Applie | d For | |
| 21 | | 26 | | | | 59-2978302 Not A | plicable | |
| Suite, Apt. | #, etc. | Suite, Apt. # | , etc. | | | \$8.75 Add | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | ed | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing \$5.00 Ma | , , | |
| 23 | | 28 | | | | Trust Fund Contribution Added to F | ees | |
| Zip | Country | Zip | _ | Country | | 8. This corporation owes the current year Intangible Personal Property Tax. | No | |
| 24 | 25 | [29] | 30 | | | Personal Property Tax. Yes 1 10. Name and Address of New Registered Agent | 1 | |
| | 9. Name and Address of Curre | ent Registered Agent | | 81 | Name | iv. Name and Address of New Registered Agent | | |
| MCE | LROY, PAUL | | | | | | | |
| | ROGERS BLVD | | | | Street A | Address (P.O. Box Number is Not Acceptable) | ľ | |
| CHIEFLND FL 32626 | | | | | ļ | | | |
| Ο 1 112 | | | | 83 | | | | |
| | | | | 84 | City | FL 85 Zip Cod | e | |
| 11 Pureuant | to the provisions of Sections 607.0 | 502 and 607 1508. Flor | ida Statutes, th | e above | a-named c | corporation submits this statement for the purpose of changing its rec | istered | |
| office or r | paintered agent or both in the Stat | e of Florida, Such char | nge was author | ized by | the coroo | pration's board of directors. I hereby accept the appointment as regist | ered | |
| agent. I a | m familiar with, and accept the oblig | gations of, Section 607. | .0505, Florida S | Statutes | • | | 1 | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicable. | (NOTE: Regis | tered Ager | t signature re | equired when reinstating) DATE | | |
| 12. | | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| TITLE | Ρ . | | DELETE 1 | 1,1 TITLE | 1 | ☐ Change | Addition | |
| NAME | MCELROY, PAUL | | 1 | 1.2 NAME | İ | | | |
| STREET ADDRESS | 210 ROGERS BLVD | | 1 | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | CHIEFLND FL | · | | 1.4 CITY-S | r-ZIP | | 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| TITLE | ST | | | 2.1 TITLE | - 1 | ☐ Change | Addition | |
| NAME | MCELROY, CLAYTON | | 2 | 2.2 NAME | | | | |
| _STREET ADDRESS | _COUNTY_ROAD-346 | | | 2.3 STREET | ADDRESS - | with the same the same that th | | |
| CITY-ST-ZIP | CHIEFLND FL | | | 2. 4 CITY- S | - mar | 1 | منده ده | |
| TITLE | | | | | 1-212 | Change | | |
| NAME | , | | 1 ' | 3.1 TITLE | 11-212 | ☐ Change | Addition | |
| STREET ADDRESS | | ш. | 3 | 3.2 NAME | | ☐ Change | Addition | |
| CITY-ST-ZIP | | | 3 | 3.2 NAME 3.3 STREET | ADDRESS | ☐ Change | Addition | |
| | | | 3 3 3 | 3.2 NAME 3.3 STREET 3.4, CITY-S | ADDRESS | | | |
| TITLE | | | 3 3 3 DELETE 4 | 3.2 NAME 3.3 STREET 3.4, CITY-S 4.1 TITLE | ADDRESS | _ , | Addition | |
| NAME | | | 3 3 3 DELETE 4 | 3.2 NAME 3.3 STREET 3.4, CITY-S 4.1 TITLE 4. 2 NAME | ADDRESS IT-ZIP | | | |
| NAME STREET ADDRESS | | | 3 3 3 DELETE 4 4 | 3.2 NAME 3.3 STREET 3.4, CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET | ADDRESS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | 3 3 DELETE 4 4 4 | 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S | ADDRESS | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 3 3 DELETE 4 4 4 4 DELETE 5 | 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE | ADDRESS | Change | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | 3 3 DELETE 4 4 4 4 DELETE 5 | 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME | ADDRESS ST-ZIP FADORESS T-ZIP | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | 3 3 3 DELETE 4 4 4 4 DELETE 5 | 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET | T ADDRESS T - ZIP T ADDRESS T - ZIP | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3 3 3 DELETE 4 4 4 4 DELETE 5 5 | 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME | T ADDRESS T - ZIP T ADDRESS T - ZIP | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | DELETE 5 DELETE 6 | 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S | T ADDRESS T - ZIP T ADDRESS T - ZIP | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DELETE 6 | 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 6.4 CITY-S 6.1 TITLE 6.2 NAME | T ADDRESS T - ZIP T ADDRESS T - ZIP | ☐ Change | Addition | |

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 Block 12 or Block 13 if changed, or on the attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #