



APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 98  
DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		AND FILED  98 NOV -3 PM 4:12  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
<b>DOCUMENT # L39296 (3)</b> 1. Corporation Name <b>SANFORD TIRE CITY, INC.</b>					
Principal Place of Business 2921 ORLANDO DR. SUITE 100 SANFORD FL 32773 US			Mailing Address 2921 ORLANDO DR. SUITE 100 SANFORD FL 32773 US		
2. Principal Place of Business 21 2921 ORLANDO DR. Suite, Apt. #, etc. 22 SUITE 100 City & State 23 City & State Zip 24 32772 Country 25 US		2a. Mailing Address 26 PO BOX 1912 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. City & State 28 SANFORD, FL Zip 29 32772 Country 30 US		<b>REINSTATEMENT 98</b> DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1990 4. FEI Number 59-3003276 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HILL, STANLEY 2921 ORLANDO DRIVE SUITE 100 SANFORD FL 32773			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 <u>[Signature]</u> <u>STANLEY C. HILL, VP</u> DATE <u>27 OCT 98</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	D		1.1 TITLE	V S	
NAME	HILL, STANLEY	<input type="checkbox"/> DELETE	1.2 NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	204 KNIGHTS BRIDGE PL.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		1.4 CITY-ST-ZIP	000002682630--S	
TITLE	D		2.1 TITLE	P	-11/06/98-000002682630--S
NAME	SELLERS, JOHN	<input type="checkbox"/> DELETE	2.2 NAME		****750.00 ****750.00
STREET ADDRESS	446 SHERYL DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(f), 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: <u>[Signature]</u> <u>STANLEY C. HILL, VP</u> DATE <u>27 OCT 98</u>					