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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L58535

(0)

Mailing Address

COTNEY-RICH WHOLESALE TIRES, INC.

FILED

Apr 29 1997 8:00am

Secretary of State

401 NORTH ELLIS ROAD JACKSONVILLE FL 32205		401 NORTH ELLIS ROAD JACKSONVILLE FL 32254-2840							
			- · ·-·			3. Date Incorporated or Qualified 03/12/1990		ate of Last F 0/09/1996	
· · · · ·	lace of Business	2a. Mailing Address			4. FEI Number Applied For 59-2995665 Not Applied For				
Suite, Apt. #, etc.		Suite, Apt #, etc.							
22		27			5. Certificate of Status Desired	Fee Required			
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	7(p	Count	ГУ		8. This corporation has liability for i			199 032,
24	25	29	30				Yes [
	9. Name and Address of Curren	t Registered Agent		<u>.</u> T		10. Name and Address of New Re	jistered .	Agent	
	CH, CHARLES G.		8	1	Name				
	1 NORTH ELLIS ROAD		8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
JA	CK SO NVILLE FL 32205		8	3					
			8	4	City		FI	85 Zip	Code
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508. Florida Sta	tutes, the abo	t	-named corp	oration submits this statement for the p	urpose of	<u>: </u>	ts registered
office or ri	egistered agent, or both, in the State im familiar with, and accept the obliga	of Forida. Such change wantions of, Section 607 0505.	s authorized ! Florida Statut	by es.	the corporation	ion's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE			,		•				
	Signature, typed or printed name of registered ag-			lgiri	it signatine require	uo when tearstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	RICH, CHARLES G.	DOTE LE	1.1 3111.6		-			☐ Change	Addition
NAME	401 NORTH ELLIS ROAD		1.2 NAM						
STREET ADDRESS	JACKSONVILLE FL 32205		1		ADDRESS				į
CITY-ST-ZIP TITLE		DELETE	1.4 CHY 2.1 TRUE		- 715			Change	Addition
NAME			2.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			2. 4 CHY			**			
TETLE		DELFTE	3.1 1/1/8		· · · ·			Change	Addition
NAME			3.2 NAM	Ł	ļ				
STREET ADDRESS			3.3 STRE	Εſ	ADDRESS				
CITY-ST-ZIP			3.4 Cl ¹ Y	S	т. 7 Р				
TITLE	•	☐ DELETE	4.1 TITLE	-				Change	Addition
NAME			4 2 NAM	4E					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T priest	4.4 G T Y		- ZIP			Ob.	1100
TITLE		DELFTE	5 1 TALE					Change	Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CHY 6.1 THEF		-71F			Change	Addition
NAME			6.1 HTT					□ Critarige	nuulijoii
nu-vort 1	T .		■ OZ HIPIW	E.	1				

14. I do 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 fam 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

STREET ADDRESS

Obarles B. RICA

4- 22-97 - 904-7864844