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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90016 040 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L96357

Principal Place of Business

GILMORE & SON TIRES, INC.

2498 JOEY DRIV AUBURNDALE F		• • • • •	K VILLE AVE. FURNDALE FL 33823			DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualife		···········	
						08/24/1990			1
		10a 14-10 Add-			<del></del>	4. FEI Number	-	An	plied For
2. Principal Pla	ace of Business	2a. Mailing Addre	955			,			t Applicable
21		26	-4:			59-3030390		\$8.75	
Suite, Apt. #	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		Fee Re	
City & State	9	City & State				6. Election Campaign Financin	g _	\$5.00	
23		28				Trust Fund Contribution	<i>.</i>	Added	to Fees
Zip				ountry				<b></b>	
24 25 27			30	0		Personal Property Tax.			
	9. Name and Address of Cu	rrent Registered Agent		<u> </u>		10. Name and Address of Nev	v Registered	Agent	
				81	Name				
	IORE, OLAN				Street Add	dress (P.O. Box Number is Not Acceptable)			
2498	JOEY DRIVE			82	0110011100	the second of th	بصنيوج ومرفار فالمحام		* * * * * * * * * * * * * * * * * * *
AUBI	URNDALE FL 33823			83					
				84	City	g The Brass Area The agree	FL	<b>85</b> Zip	
11 Dureuant	to the provisions of Sections 607	0502 and 607.1508. Florid	a Statutes, the	above	-named corp	poration submits this statement for the on's board of directors. I hereby accoming the original statement for the original statem	he purpose of	changing its	registered
office or re	egistered agent, or both, in the Si	tate of Florida. Such chan	ge was authoriz	ed by	the corporati	on's board of directors. I hereby acc	cept the appoi	ntment as re	egisterea
agent. I ar	egistered agent, or both, in the Si m familiar with, and accept the ob	oligations of, Section 607.0	Jouo, Flonda Si	aiules.	•			_	
SIGNATURE	Signature, typed or printed name of registered	d seems and title if applicable	(NOTE: Register	red Anen	t signature regulte	ed when reinstating)	DATE		<del></del>
		S AND DIRECTORS	1:			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	DRS IN 12
						7,0011101109011111011011011			
12.				TITLE	T	72.73 (3.3)		☐ Change	☐ Addition
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14. 1 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 an attachment with an address, with all other like empowered.