


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L96357 1. Entity Name GILMORE & SON TIRES, INC.	
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Principal Place of Business 2498 JOEY DRIVE AUBURNDALE, FL 33823	Mailing Address 805 OLD WINTR HAVEN RD AUBURNDALE, FL 33823 US
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07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3030390	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GILMORE, OLAN 2498 JOEY DRIVE AUBURNDALE, FL 33823
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alan L. Gilmore* DATE 7-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMORE, OLAN 2498 JOEY DRIVE AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILMORE, GREGORY 2498 JOEY DRIVE AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILMORE, HELEN 2498 JOEY DRIVE AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000164969
07/09/04-80011-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gregory Gilmore* *Alan L. Gilmore* 7-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #