

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # M00848

1. Entity Name
GARRICK INDUSTRIAL TIRE, INC.



Principal Place of Business
**7801 RED RIVER ROAD
WEST PALM BEACH, FL 33411**

Mailing Address
**7801 RED RIVER ROAD
WEST PALM BEACH, FL 33411**

DO NOT WRITE IN THIS SPACE



07032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2458356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARRICK, E.T.
7801 RED RIVER ROAD
WEST PALM BEACH, FL 33411**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**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	PVTD GARRICK, E.T. 7801 RED RIVER ROAD W. PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNER, ROBERT 321 ATANDO AVE. CHARLOTTE, NC 28206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTS GARRICK, PHYLLIS E 7801 RED RIVER ROAD WEST PALM BEACH, FL 33411
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000000164995
07/09/04-80012-004 150.00

**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: *Earl T. Garrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/04 306546