2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 28, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0300005	5458			06-28-200	4 90010 015 ***15	50.00
Principal Plac	e of Business	Mailing Address	<u> </u>			F10F0000	
P. O. BOX 58 JACKSONVILL	8014 : E, FL 32241 US	P. O. BOX 58014 Jacksonville, FL 322	41			54059036	
2. Principal P	lace of Business	3. Mailing Address	\$160°***				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132003	Chg-P	CR2E034 (10/03)	
City & State	e	City & State		4. FEI Numb		-	plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add	itional
	6. Name and Address of Current	t Registered Agent		7. Name and	Address of New F		
			Name				
4445 ARC	I, GLORIA D H CREEK DR.	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
JACKSON	VILLE, FL 32257						
2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			City			FL Zip Cod	e
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or re	egistered agent or bo	th, in the State of Fi	orida. I am familiar with.	and accept
the obligat	ions of registered agent.		/ /		. /		
SIGNATURE	Oleria X Clark	, Gloria 1	Clanton	, Tresde	nt/Owner	6/24/200	<i>γ</i> /
1 (1 pm) 1 (Signature, typed or printed name of registered agen	t and poe if applicable. (NOTE	: Registered Agent signature	required when reinstating)		DAIE	
	LE NOW!!! FÉE IS \$150.00 ue by Septémber 8, 2004	9. Election Campai Trust Fund Conti		\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.193(2)(b), not receive the prior i	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS	ICHANGES TO OF	FICERS AND DIRECTOR	2 INI 11
TITLE	P . OFFICERS AND	Delete	TITLE	ADDITIONS	CHANGES TO OFF	☐ Change	Addition
NAME	CLANTON, GLORIA D	L Dolois	NAME				
STREET ADDRESS	P. O. BOX 58014		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32241		CITY-ST-ZIP				
TITLE	TREA	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CLANTON, GLORIA D	•	NAME				
STREET ADORESS	P. O. BOX 58014	•	STREET ADDRESS				
CHTY-ST-ZIP	JACKSONVILLE, FL 32241		CITY-\$T-ZIP				
TITLE	SECY :	☐ Delete	TITLE NAME		•	☐ Change	☐ Addition
NAME STREET ADDRESS	CLANTON, GLORIA D P. O. BOX 58014		STREET ADDRESS				
CITY-SI-ZIP	JACKSONVILLE, FL 32241		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
TITLE		_ Delete	TITLE			☐ Change	Addition Addition
NAME STREET ADDRESS	1		NAME STREET ADDRESS				
CITY-ST-ZIP	· .		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	········	*******	☐ Change	Addition
1	\		1				

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CLARK PRODUCE PRODUCE

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000055458

Herland 04302004 CR2E034 (10/03) Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Zip Code ~\$5.00 May Be ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition ☐ Change ☐ Addition

CRISWELL TIRE-SERVICE, INC. Principal Place of Business Mailing Address 54059036 P. O. BOX 58014 P. O. BOX 58014 JACKSONVILLE, FL 32241 US JACKSONVILLE, FL 32241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip ·-6. Name and Address of Current Registered Agent Name CLANTON, GLORIA D Street Address (P.O. Box Number is Not Acceptable) 4445 ARCH CREEK DR. JACKSONVILLE, FL#32257 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. Gloria. 9.*Election Campaign:Financing = FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete BUE CLANTON, GLORIA D NAME NAME P. O. BOX 58014 STREET ADDRESS STREET ADDRESS CITY-ST-2IP CHY-ST-ZIP JACKSONVILLE, FL 32241 ☐ Delete TITLE TITLE CLANTON, GLORIA D NAME NAME P. O. BOX 58014 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32241 TITLE Delete TILLE ☐ Change Addition CLANTON: GLORIA D -NAME STREET ADDRESS P. O. BOX 58014 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32241 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.



Division of Corporations

5405-9036

Annual Report

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Document Number

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Business Entity Name

CRISWELL TIRE SERVICE, INC.

Election Campaign Financing Trust Fund Contribution C Yes © No

Officer/Director Name And Address

litte	Pres]				
Name (Last, First, Middle, Title)	CLAN	TON	GLORI	A		
-or- Entity Name						L. Allendarenda
Street Address	P. O. I	BOX 5801	4			
City, State	JACKS	SONVILLE		, FL		
Zip Code & Country	32241	l US				
Title						<u> </u>
Name (Last, First, Middle, Title)						
-or- Entity Name						
Street Address				~~~		
City, State				,		
Zip Code & Country		a. Mo Mo			•	
Title						
Name (Last, First, Middle, Title)						
or- Entity Name						•
Street Address]
City, State		and the second s	· · · · · · · · · · · · · · · · · · ·	,		
Zip Code & Country						
Title		;				
Name (Last, First, Middle, Title)			,		,,	
-or- Entity Name]

Division of	Corporations	Allachmak	P030005	5458	Page 2 of 2	
	Street Address City, State		,,	J 53	Page 2 of 2 405-90	34
-	Title Name (Last, First, Middle, Title -or- Entity Name Street Address City, State	e)			Ţ	·
······································	Title Name (Last, First, Middle, Title or- Entity Name Street Address City, State	e)				
· <u>and the second of the secon</u>	Zip Code & Country List more than six Office An individual named Officer/Director Sign allowed in this block. Title Officer/Director Sign	above must type their ature' block below. A		t .	a'	Ŧ.f
	Officer/Director Sign	Continue Re			-, -, -, -, -,	
	Sunbiz Home P	age	Public Access	s Help		