

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 JAN 31 PM 3:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P14398

(2)

1. Corporation Name

SUNBELT TIRE MARKETERS, INC.

Principal Place of Business

**2506 E. DOUBLEGATE DRIVE
ALBANY GA 31707**

Mailing Address

**2506 E. DOUBLEGATE DRIVE
ALBANY GA 31707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/11/1987

3a. Date of Last Report

02/03/1994

4. FEI Number

58-1625786

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BURKE, JAMES W
1020 ARREDONDO ST
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
BUCHMANN, M. RAY
704 23RD ST. S. WEST
CULLMAN AL 35055**

**VD
TUCKER, M. RAY
2211 MANCHESTER EXPW.
COLUMBUS GA 31904-6810**

**SD
HEAD, R. JENNINGS
2506 E. DOUBLEGATE DR.
ALBANY GA 31707-9241**

**TD
HIGGINS, JERRY E.
39 MADISON AVE.
MONTGOMERY AL 36106**

**D
BURKE, JAMES W
1020 ARREDONDO ST
LAKE CITY FL 32055**

**D
BRANTLEY, W. F.
516 N. MAIN ST.
ATMORE AL 36502**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

35055

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

31904-6810

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

31707-9241

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

36106

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

32055

6.1 TITLE

☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

36502

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

R. Jennings Head

R. Jennings Head, Secretary (01-26-95) 912-883-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TYPE/PRINT NAME