

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

05/11/1987

3a. Date of Last Report

01/31/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BUCHMANN, M. RAY
STREET ADDRESS 704 23RD ST. S. WEST
CITY-STATE-ZIP CULLMAN AL 35055

1.1 TITLE President / Director ☒ Change ☐ Addition
1.2 NAME Britt, Jimmy M.
1.3 STREET ADDRESS 120 Mill Center Boulevard
1.4 CITY-STATE-ZIP Athens, GA 30622-2235

TITLE VD ☒ DELETE
NAME TUCKER, M. RAY
STREET ADDRESS 2211 MANCHESTER EXPW.
CITY-STATE-ZIP COLUMBUS GA 31904-6810

2.1 TITLE Vice President / Director ☒ Change ☐ Addition
2.2 NAME Erickson, Richard J.
2.3 STREET ADDRESS 6807 Stuart Lane
2.4 CITY-STATE-ZIP Jacksonville, FL 32205

TITLE SD ☒ DELETE
NAME HEAD, R. JENNINGS
STREET ADDRESS 2506 E. DOUBLEGATE DR.
CITY-STATE-ZIP ALBANY GA 31707-9241

3.1 TITLE Secretary / Director ☒ Change ☐ Addition
3.2 NAME Burke, James W.
3.3 STREET ADDRESS 1020 Arredondo Street
3.4 CITY-STATE-ZIP Lake City, FL 32055

TITLE TD ☒ DELETE
NAME HIGGINS, JERRY E
STREET ADDRESS 39 MADISON AVE
CITY-STATE-ZIP MONTGOMERY AL 36106

4.1 TITLE Treasurer / Director ☒ Change ☐ Addition
4.2 NAME Brantley, W. F. "Bud"
4.3 STREET ADDRESS 1518 South Alabama Avenue
4.4 CITY-STATE-ZIP Monroeville, AL 36460

TITLE D ☒ DELETE
NAME BURKE, JAMES W
STREET ADDRESS 1020 ARREDONDO ST
CITY-STATE-ZIP LAKE CITY FL 32055

5.1 TITLE Assistant Secretary/Director ☒ Change ☐ Addition
5.2 NAME Head, R. Jennings
5.3 STREET ADDRESS 2506 East Doublegate Drive
5.4 CITY-STATE-ZIP Albany, GA 31707-9241

TITLE D ☒ DELETE
NAME BRANTLEY, W. F.
STREET ADDRESS 516 N. MAIN ST.
CITY-STATE-ZIP ATMORE AL 36502

6.1 TITLE Director ☒ Change ☐ Addition
6.2 NAME Higgins, Jerry E.
6.3 STREET ADDRESS 39 Madison Avenue
6.4 CITY-STATE-ZIP Montgomery, AL 36106

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)(k), 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: James W. Burke, Secretary/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

904-752-0054

CR2E034 (12/95)