

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90229 039 ***158.75

DOCUMENT # P93000003332

1. Entity Name
HAMM'S TIRE CENTER, INC.



Principal Place of Business
**3202 N. PALAFOX ST.
PENSACOLA, FL 32501**

Mailing Address
**3202 N. PALAFOX ST.
PENSACOLA, FL 32501**

50003286



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3156743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMM, JAMES L
1284 BET RAINES RD.
CANTONMENT, FL 32533**

Name

MILDRED E. HAMM

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

1284 BET RAINES RD

City

CANTONMENT

FL

Zip Code

32533

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 **Mildred E. Hamm**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME HAMM, JAMES L
STREET ADDRESS 1284 BET RAINES RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE ☒ Change ☐ Addition
NAME **DECEASED**
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME HAMM, MILDRED E
STREET ADDRESS 1284 BET RAINES RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE ☒ Change ☐ Addition
NAME **NEW REGISTERED AGENT**
STREET ADDRESS **SEE ABOVE**
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME HAMM, ILENCE J
STREET ADDRESS 1284 BET RAINES RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BRATCHER, SHELLEY T.
STREET ADDRESS 1282 BET RAINES RD
CITY-ST-ZIP CANTONMENT, FL

TITLE ☒ Change ☐ Addition
NAME **DST - NEW**
STREET ADDRESS **ALL INFO THE SAME**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Shelley Bratcher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #