

FILED
Mar 17, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000052657 1. Entity Name TRI-COUNTY OIL & TIRE, INC.	
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Principal Place of Business 5245 SOUTH BROWN STREET GRACEVILLE, FL 32440	Mailing Address 5245 SOUTH BROWN STREET GRACEVILLE, FL 32440
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02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3196002	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SEWELL, CARL L. 5245 SOUTH BROWN STREET GRACEVILLE, FL 32440

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 _____ (NOTE: Registered Agent signature required when returning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000090619 03/17/04-80026-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SEWELL, CARL L. C/O 5245 SOUTH BROWN STREET GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V SEWELL, CARL L. C/O 5245 SOUTH BROWN STREET GRACEVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST SEWELL, JOHN C/O 5245 SOUTH BROWN STREET GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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: John Sewell 3-15-04 850 263-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing