FILED
Mar 29, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000052657

1. Entity Name
TRI-COUNTY OIL & TIRE, INC.

Principal Place of Business	Mailing Address
5245 SOUTH BROWN STREET GRACEVILLE, FL 32440	5245 SOUTH BROWN STREET GRACEVILLE, FL 32440

03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3196002
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEWELL, CARL L.
5245 SOUTH BROWN STREET
GRACEVILLE, FL 32244-0

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEWELL, CARL L
STREET ADDRESS	C/O 5245 SOUTH BROWN STREET
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	V
NAME	SEWELL, CARL L.
STREET ADDRESS	C/O 5245 SOUTH BROWN STREET
CITY-ST-ZIP	GRACEVILLE, FL
TITLE	ST
NAME	SEWELL, JOHN
STREET ADDRESS	C/O 5245 SOUTH BROWN STREET
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00002/9552
03/29/05-80001-006 150.00

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 3/26/05 850 263 6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #