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 # **P93000078530 (1)**

1. Corporation Name
SUPERIOR TIRE COMPANY, INC.

Principal Place of Business
3800. UNIT 10. FOWLER ST.
FT. MYERS FL 33901

Mailing Address
3800. UNIT 10. FOWLER ST.
FT. MYERS FL 33901

3. Date Incorporated or Qualified: **11/08/1993**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21 2445 Concorde Dr
Suite, Apt. #, etc
22
City & State
23 Ft Myers, FL
Zip 24 33901 Country 25 Lee

2a. Mailing Address
26 2445 Concorde Dr.
Suite, Apt. #, etc
27
City & State
28 Ft. Myers, FL
Zip 29 33901 Country 30 Lee

4. FEI Number: **65-0446522** ☐ 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

MESSIER, MICHAEL
3800, UNIT 10, FOWLER ST.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, type or printed name of registered agent and title, if applicable. NOTE: Registered Agent's signature required when name changed.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESSIER, MICHAEL 3800, UNIT 18, FOWLER ST. FT. MYERS FL 33901	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 2445 Concorde Dr. Ft. Myers, FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RASNAKE, FRED 3800 UNIT 10 FOWLER ST. FT. MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 2445 Concorde Dr. Ft. Myers, FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RASNAKE, RUTH 3800 UNIT 10 FOWLER STREET FT. MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 2445 Concorde Dr. Ft. Myers, FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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: Michael Messier Michael Messier 5-10-96 941-939-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #