FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN OF STATE

Sandra B. Moresam

Secretary of Signature Secretary Secretary

DOCUMENT # P93000078530 (1)

SUPERIOR TIRE COMPANY, INC.

Principal Place of Business Mailing Address

FILED Apr 15 1997 8:00am Secretary of State



2445 CONCORDI FT. MYERS FL 3		2445 CONCORDE DR. FT. MYERS FL 33901-9120							
US		us i		3. Date Incorporated or Qualified 11/08/1993	3s. Date of Last Report 05/14/1996				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	1		plied For	
,	6 Fowler St	26 4206 Fow	ler	St.	65-0446522		Not	l Applicable	
Suite, Apt	Wyers, FL	Suite, Apt. #, etc.	. F	L	5. Certificate of Status Desired	1 1	3.75 A Fee Red	dditional quired	
City & State		City & State 28 33901	-		Election Campaign Financing Trust Fund Contribution		5.00 (Added to	May Be o Fees	
Zφ	Country	Zip Cour			8. This corporation has liability for intangible tax under a			199.032,	
24	25	29 30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent 81					Name				
	SIER, MICHAEL								
FT. MYERS FL 33901				82 Street Address (P.O. Box Number is Not Acceptable) H206 Fowler ST					
			83	E+	Muers	33	90	1	
			84	City		E1 85	Zip C	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 families with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typical or printed name of ring stared again				ed when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC				
THLE	D	DELETE	1.1 TITLE				Change	☐ Addition ≷	
NAME	MESSIER, MICHAEL		1.2 NAME					[7	
STREET ADDRESS	2445 CONCORDE DR.		1.3 STREET	ADDRESS				[
CHTY-ST-20	FT. MYERS FL	CALIFORNIA CONTRACTOR	1.4 CITY - \$1	- ZIP			1	}	
THILE	V		2.1 TITLE			L., (Change	Addition C	
NAME	RASNAKE, FRED		2 2 NAME						
STREET ADDRESS	2445 CONCORDE DR.		23 STREET						
CITY-ST-ZIP	FT. MYERS FL		2 4 CITY-S	T-ZIP		777	Change	Addition	
1 lif	ST DIGNALE DIETU		3 1 TITLE			, ,	Hange	L Rounton	
NAME	RASNAKE, RUTH 2445 CONCORDE DR.		3.2 NAME	ADDOCCO					
STREET ADDRESS	FT. MYERS FL		3.3 STREET	·					
CITY-SI-ZF	ri. Mieno re		3.4 CITY-S 4.1 TITLE	1-212		П	Change	Addition	
JULY E			4. 2 NAME						
NAM			4.3 STREET	ADDRECE					
STREET ADDRESS		*	4.4 CITY-S	I					
CHY-ST ZIP TITLE			5.1 TITLE	1-211			Change	Addition	
NAME			5.2 NAME	. 1 .					
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY - ST - ZIP			5.4 CITY-S						
TILE			B.1 TITLE				Change	Addition	
NAME		· ·	6.2 NAME					į	
STREET ADDRESS			6.3 STREET	ADDRESS				1	
C TY - S1 ZIP			64 CITY-S	1					
14 Lda berei	ty carrier that the information supplier				in Section 119.07(3)(i), Florida Statute	s. I further cer	ify that	the	

. I do 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 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 applicachment with an address.

SIGNATURE

INTERE AND TYPED OR GRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-4-97 941-939-216

Daytime Phone #