

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 20 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001521246
-06/23/95--01003--006
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000082766**

1. Corporation Name

Jack's Place Automotive Tire Center INC.

Principal Place of Business

Mailing Address

**1007 South Dillard Street
Winter Garden FL 34787**

2. Principal Place of Business

2a. Mailing Address

21 1007 S Dillard

26 1007 South Dillard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Winter Garden, FL

28 Winter Garden, FL

Zip

Country

Zip

Country

24 34787

25

29 34787

30

3. Date Incorporated or Qualified

3a. Date of Last Report

11-22-93

6-21-94

4. FEL Number

Applied For

59-321378-0

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

10. Name and Address of New Registered Agent

**Carmen M. Barvo
2957 W. STATE Rd 434
Suite 400
Longwood FL 32779**

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

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **DIRECTOR**
NAME **Jack L. W. RICK**
STREET ADDRESS **106 Maria Lane**
CITY, ST, ZIP **Longwood FL 32750**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE: **Jack L. W. RICK** DIRECTOR 5-25-95 407-877-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)