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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORFORATIONS

1996

DOCUMENT # P93000088057 (3)

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BILLY'S TIKE & WHEEL, INC. Principal Place of Business Mailing Address 10045 US HIGHWAY 41 10045 US HIGHWAY 41 GIBSONTON FL 33534 GIBSONTON FL 33534 3a. Date of Last Report 3. Date Incorporated or Qualified 12/14/1993 06/14/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-3213980 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No Country Ζφ Country 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAM D HODGE Street Address (P.O. Box Number is Not Acceptable) 82 10045 US HIGHWAY 41 83 SUITE 8 GIBSONTON FL 33534 Zip Code **B4** City 85 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 (NOTE: Registered Agent signal are required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE Addition 1. 1 TITLE TITLE **CR2E034** HODGE, WILLIAM D 1.2 NAME NAME 10045 US HIGHWAY 41 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GIBSONTON FL** 14 CHY-ST-ZIP Addition DELETE Change 2 1 TITLE TITLE 2.2 NAME ROSEMARY L RICO NAME 10045 US HIGHWAY 41 2.3 STREET ADDRESS STREET ADDRESS **GIBSONTON FL** 2 4 CH1Y - ST - ZIP DITY-ST-ZIP Change ☐ Addition □ DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5. 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 6 1 BILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP DITY-ST-ZIP

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)(k), 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 this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an another ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96

(\$13) 677-1677 Daytime Proce #