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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

_	NUAL REPOR
	1996

DOCUM	AENT # DOAGO	0005497 (-	()		- 		
DOCUN 1. Corporation	Name	0005487 (' <i>)</i>				
BASS	TIRE AND AUTO REPAIR	INC.					
Principal Place	of Business	Mailing Address			01001 301H 4001 1001		
1943 THOM TALLAHASS	1943 THOMASVILLE TALLAHASSEE FL 32	043 THOMASVILLE ROAD					
17,007,7100	, · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Qualified	3a. Date of Last	
		0-11-3-044			01/24/1994 4. FEI Number	05/01/	1995 Applied For
2. Principal Pla 21	ce of Business	2a. Mailing Address			59-3219757	-	Not Applicable
Suite, Apt. #	, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	DO May Be
23		28			Trust Fund Contribution	Ll Add	ed to Fees
Ζφ 24]	Country 25	Zip 29	30 Co.	intry	8. This corporation has liability for Florida Statutes	intangible tax under : \sum No	s 199.032,
24	9. Name and Address of Curren		1001		10. Name and Address of New F	Registered Agent	
				81 Name			
	ALVIN W			82 Street Ac	ddress (P.O. Box Number is Not Acceptal	ole)	
	HOMASVILLE ROAD HASSEE FL 32303			83			
				84 City		85	Zip Code
Mrt. Dung sons in	o the era dainer of Continue COZ 0500	and E07 1E09 Florida Statut	no tho ohe	we pamed cove	poration submits this statement for the pu	FL mose of changing its	registered office
or registere	o the provisions of Sections 607,0002 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Such change was authorize	ed by the :	corporation's b	oard of directors. Thereby accept the app	ointment as registere	ad agent. I am
SIGNATURE	AL BASS Deesily H	Go Ball	· 			4/29/9	4
	Signature, typed or printed name of registered agent OFFICERS ANI		TE Registered	d Agent signature requ	uired when reinstating! ADDITIONS/CHANGES TO OFF	DATE	OBS IN 12
12.	P OFFICENS ANI	DELETE	1.11	ITLE	ADDITIONO OF PROCES TO OFF	Change	
NAME	BASS, ALVIN W.		1.2 N	AME			
STREET ADDRESS	1322 MANOR HOUS DR.			TREET ADDRESS			
CHY-S1-ZIP TITLE	TALLAHASSEE FL ST	DELETE	2 1	ITY-ST-ZIP ITLE		[] Chance	e
NAME	BASS, CATHLEEN B.		22 N				
STREET ADDRESS	1322 MANOR HOUSE DR.		235	TREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL	F7 notere		ITY-ST-ZIP		☐ Chançe	Addition
TITLE NAME		DELETE	3 1 1 3 2 N			□ outling	. LJ 2000000
STREET ADDRESS				STREET ADDRESS			
CHY S1-ZIP				ITY-ST-ZIP			Address -
TITLE		DELETE	4.1 4.2 N			☐ Chançe	e 📑 Addition
NAME STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				ITY-S1-ZIP			
THEF		☐ DELĒTE	5.1			☐ Chang	e 🔲 Addition
NAME			5.2 5	AME TREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		DELETE	6 1			Changi	e 🔲 Addition
NAME				IAME			
STREET ACCIRESS				TREET ADDRESS			
CITY-ST-ZIP 14. Ldo hereb	v certify that the information supplied	with this filing is voluntarily fun	ished and	does not qualit	fy for the exemption stated in Section 119	.07(3)(k), Florida Stat	tutes. I further
certify that oath; that	the information indicated on this annu	ual report or supplemental ann pration or the receiver or truste	ual report e empowe	is true and acci	urate and that my signature shall have the this report as required by Chapter 607, F	i sama legal enect as	s it made under – i

SIGNATURE: CL BON HUID W BASS PASSIDENT SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/29/96 904-386-1411