

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000017224 (4)

1. Corporation Name

CAPERILLA & SONS TIRES, INC.



Principal Place of Business

Mailing Address

615 FERGUSON DR  
ORLANDO FL 32805

615 FERGUSON DR  
ORLANDO FL 32805

3. Date Incorporated or Qualified  
02/28/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-3269579

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

2. Principal Place of Business

2a. Mailing Address

21 953 MERCY DR ORL FL 32808

26 PO BOX 62310 ORL FL 32861

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32808

25 U.S.A.

29 32808

30 U.S.A.

9. Name and Address of Current Registered Agent

WALKER, ANNE  
615 FERGUSON DR  
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

ANNE WALKER

82 Street Address (P.O. Box Number is Not Acceptable)

953 MERCY DR

83

84 City

ORLANDO

FL

85 Zip Code

32808

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 resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME WALKER, ANNE C.  
STREET ADDRESS 615 FERGUSON DR.  
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

PTD ☒ Change ☐ Addition

12 NAME

ANNE C. WALKER

13 STREET ADDRESS

953 MERCY DR

14 CITY - ST - ZIP

ORLANDO FL

32808

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(407) 298-7700

CR2E034 (3/96)