FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:56

DOCUMENT # **P94000026395 (1)**

1. Corporation Name
TRACK & TIRE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4710 HOMOSASSA SPRINGS FL 34447	P.O. BOX 4710 HOMOSASSA SPRINGS FL 34447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21 11678 Gregory Ct
Suite, Apt. #, etc. 22
City & State 23 Homosassa Springs FL
Zip 24 34446 Country 25 Citrus

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3234849 ☐ 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

9. Name and Address of Current Registered Agent

ESTES, ROY
17949 WEST STATE ROAD 50
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 11678 Gregory Ct
83
84 City Homosassa Springs FL 85 Zip Code 34446

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: Roy Estes (signature, typed or printed name of registered agent and title if applicable) Roy Estes (NOTE: Registered Agent signature required when executing) 1-15-95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ESTES, ROY	12 NAME	
STREET ADDRESS	P.O. BOX 4710	13 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, DARRYL	22 NAME	
STREET ADDRESS	P.O. BOX 4710	23 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	24 CITY-ST-ZIP	
TITLE		31 TITLE	S/T ☐ Change ☑ Addition
NAME		32 NAME	Debbie Estes
STREET ADDRESS		33 STREET ADDRESS	11678 Gregory Ct
CITY-ST-ZIP		34 CITY-ST-ZIP	Homosassa Springs, FL 34446
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Debbie Estes - Debbie Estes 1-15-95 904-628-2097
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AUTHORIZED AGENT — Date — Daytime Phone #

0457167 FP