FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000026395 (1)**

1. Corporation Name

TRACK & TIRE, INC.

Principal Place of Business	Mailing Address
11678 GREGORY CT HOMOSASSA SPRINGS FL 34446 US	P.O. BOX 4710 HOMOSASSA SPRINGS FL 34447

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business
21 8546 W. Homosassa Trail
Suite, Apt. #, etc.
22 Suite # 6
City & State
23 Homosassa, Florida
Zip 24 34448 Country 25 U.S.A.

2a. Mailing Address
26 P.O. Box 4710
Suite, Apt. #, etc.
27
City & State
28 Homosassa Springs, Fl
Zip 29 34447 Country 30 U.S.A.

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
11678 GREGORY CT
HOMOSASSA SPRINGS FL 34446

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8546 W. Homosassa Trail, Suite # 6
83
84 City Homosassa FL 85 Zip Code 34448

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 DATE 4/26/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	ESTES, ROY		1.2 NAME	Estes, Roy
STREET ADDRESS	P.O. BOX 4710		1.3 STREET ADDRESS	8546 W. Homosassa Trail # 6
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447		1.4 CITY-ST-ZIP	Homosassa FL 34448
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, DARRYL		2.2 NAME	
STREET ADDRESS	P.O. BOX 4710		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	S/T/D ☒ Change ☐ Addition
NAME	ESTES, DEBBIE		3.2 NAME	Estes, Debbie
STREET ADDRESS	11678 GREGORY CT		3.3 STREET ADDRESS	8546 W. Homosassa Trail # 6
CITY-ST-ZIP	HOMOSASSA SPRINGS FL		3.4 CITY-ST-ZIP	Homosassa FL 34448
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debbie Estes - Debbie Estes 4-26-96 352-628-2417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #