## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # P94000032526 (3)
1. Corporation Name

HODGES TIRE AND BATTERY, INC.

Mailing Address Principal Place of Business RT. 10. BOX 126 RT. 10. BOX 126 TALLAHASSEE FL 32310-9803 TALLAHASSEE FL 32310 3a. Date of Last Report 3. Date Incorporated or Qualified 04/29/1994 02/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3239144 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution 23 28 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Country  $Z_{10}$ 

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Name

9. Name and Address of Current Registered Agent HODGES, TERRY RT. 10, BOX 126 TALLAHASSEE FL 32310

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FILED						
May 05 1997 8:00am						
Secretary of State						

Applied For

Fee Required

Added to Fees

Zip Code

Yes No

Florida Statutes

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

10. Name and Address of New Registered Agent

Not Applicable



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 Secretaric Typed or proced hards of registrated agent and little in applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
Tole [	P	DELETE	1.1 TITLE	□ Cr	ange 🔲 Addition	
NAME	HODGES, SR T E		1,2 NAME		1	
STREET ADDRESS	RT. 10, BOX 126		1.3 STREET ADDRESS			
CHY-SI-7IF	TALLAHASSEE FL		1.4 CITY-ST-ZIP		j	
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NAMS			2 2 NAME	** 9 <b>%</b>		
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E TY+ST+ZIP			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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.