

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000044134 (2)**

1. Corporation Name

C & B TIRE SERVICE, INC.



Principal Place of Business

**RT 3 BOX 294
HILLIARD FL 32046**

Mailing Address

**RT 3 BOX 294
HILLIARD FL 32046**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

02/16/1995

4. FEI Number

59-3259957

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

**GEIGER, RUBY
RT 3 BOX 294
HILLIARD FL 32046**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	☐ DELETE
12.2 NAME	PD GEIGER, CECIL
12.3 STREET ADDRESS	RT 3 BOX 294
12.4 CITY, ST, ZIP	HILLIARD FL 32046
12.5 TITLE	☐ DELETE
12.6 NAME	VD GEIGER, RUBY
12.7 STREET ADDRESS	RT 3 BOX 294
12.8 CITY, ST, ZIP	HILLIARD FL 32046
12.9 TITLE	☐ DELETE
12.10 NAME	STD ANDERSON, SHAWNA
12.11 STREET ADDRESS	RT 3 BOX 294
12.12 CITY, ST, ZIP	HILLIARD FL 32046
12.13 TITLE	☐ DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	☐ DELETE
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

**STD
Anderson Shawna
3684 Marairetha Rd
Yulee, FL 32097**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ruby Geiger Ruby Geiger**

1-31-96 904 8453831

CR2E034 (12/95)