

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000054610 (8)**

1. Corporation Name

**ROGER'S TIRE AND REPAIR, INC.**



Principal Place of Business

Mailing Address

14120 MARTIN LUTHER KING BLVD  
ALACHUA FL 32615  
US

RT 1 BOX 253-D  
ALACHUA FL 32615

3. Date Incorporated or Qualified <b>07/18/1994</b>	3a. Date of Last Report <b>01/19/1995</b>
4. FEI Number <b>59-3254524</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. <b>14713 NW 188 St.</b>
22. City & State	27. State, Apt. #, etc.
23. Zip	28. <b>Alachua, FL</b>
24. Country	29. <b>32615</b>
25. Country	30. <b>Alachua</b>

9. Name and Address of Current Registered Agent

FLEURY, PATRICIA A  
12809 NW 157TH ST  
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81. Name	<b>Troy M. Walters</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>14713 NW 188 St.</b>
83.	
84. City	<b>Alachua</b>
85. State	<b>FL</b>
86. Zip Code	<b>32615</b>

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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* **Troy M. Walters Pres.** 1-22-96

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PT</b>	<input checked="" type="checkbox"/>
NAME	<b>FLEURY, ROGER</b>	
STREET ADDRESS	<b>RT 1 BOX 253D</b>	
CITY-STATE-ZIP	<b>ALACHUA FL</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/>
NAME	<b>FLEURY, PATRICIA</b>	
STREET ADDRESS	<b>RT 1 BOX 253D</b>	
CITY-STATE-ZIP	<b>ALACHUA FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE	<b>PT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. NAME	<b>TROY M. WALTERS</b>		
3. STREET ADDRESS	<b>14713 NW 188 ST</b>		
4. CITY-STATE-ZIP	<b>ALACHUA, FL 32615</b>		
2. TITLE	<b>VPS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. NAME	<b>DONNA L. WALTERS</b>		
23. STREET ADDRESS	<b>14713 NW 188 ST</b>		
24. CITY-STATE-ZIP	<b>ALACHUA, FL 32615</b>		
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY-STATE-ZIP			
4. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY-STATE-ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY-STATE-ZIP			
6. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Troy M. Walters Pres** 1-22-96 904-462-3700

CRE034 (12/95)