## May 07, 1999 8:00 am Secretary of State

05-07-1999 90151 023 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1999

**DOCUMENT #** P95000077764 SUPER STAR TIRE STORE OF PORT RICHEY, INC.

Principal Place of Business Mailing Address							OBIGI (DANG (DAG) (B	BIM Bitst bint 1681	
6135 SALT SPRINGS RD 905 E. MARTIN LUTHER KING JF PORT RICHEY FL 34668 SUITE 270 US TARPON SPRINGS FL 34689			3 JR. D	R.		DO NOT WRITE IN THIS SPACE			
**						3. Date Incorporated or Qualifed			
						10/10/1995			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For	
21 26						59-3365440		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		Additional . Required	
City & State City & State				•		6. Election Campaign Financing	\$5.0	0 May Be	
23 28						Trust Fund Contribution		d to Fees	
Zip	Country Zip Coun					8. This corporation owes the current year	ar Intangible		
24	25	29 30	n	-		Personal Property Tax.	☐Yes	□No	
9. Name and Address of Current Registered Agent				······································		10. Name and Address of New Registe	ered Agent		
81									
BURR, RUSSELL F. 905 E. MARTIN LUTHER KING JR. DR.				<b>82</b> S	treet Addr	ess (P.O. Box Number is Not Acceptable)			
SUITE 270				83			<del></del>		
TARPON SPRINGS FL 34689							11-		
				84 C	City		FL  85   Zi	ip Code	
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		Alore, Pr	raietarad	Agent eig	mature recurred	d when reinstating) DAI	Œ	<del></del>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered  12. OFFICERS AND DIRECTORS  13.					INGLUID I BYLLIEN	ADDITIONS/CHANGES TO OFFICER		TOR\$ IN 12	
TITLE			1.1 TIT	LE		7,0011101107107107107107107107107107107107	Chang		
NAME			1.2 NAME						
]	BOTTL, NOODELL I			REET ADI	oncee !				
TARRON CORPUGO EL CACOO					İ				
CITY-ST-ZIP			2.1 TIT	Y-ST-ZIF	-		Chang	e Addition	
TITLE		- OLLLIE							
NAME			2.2 NA						
STREET ADDRESS				REET ADO				Í	
CITY-ST-ZIP				ry-ST-ZI	P		☐ Chang	e Addition	
TITLE			3.1 TIT						
NAME	1		3.2 NA	_	1			<b>\</b>	
STREET ADDRESS			3.3 ST	REETAD	DRESS				
CITY-ST-ZIP			-	TY-ST-ZI	P			T 4 1 127	
TITLE		☐ DELETE	4.1 TII	LE			☐ Chang	ge	
NAME			4.2 N	ME					
STREET ADDRESS			4.3 ST	REET ADI	DRESS			l	

14. I 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

DELETE

□ DELETE

Change

☐ Change

☐ Addition

Addition

CR2E034 (11/98)