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--- PROFII CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT STATE

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Mar 25 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000082682 (2)

GEORGE'S WHOLESALE TIRE, INC.

Principal Place of Business Mailing Address 7400 U.S. HIGHWAY 19 7400 U.S. HIGHWAY 19 UNIT 4 IINIT 4 **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34652-1250 3. Date Incorporated or Qualified 3a. Date of Last Report 10/27/1995 06/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3342856 21 26 Not Applicable Suite, Apt. #, etc. Suite. Aut #. etc \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zw Zu Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HORIANOPOULOS, GEORGE J Mc Cormick 7400 U.S. HK NWAY 19 82 UNIT 4 83 **NEW PORT RICHEY FL 34652** Zip Code 64 officer or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 1 am familiar with accept the obligations of Section 6th 0505. Florida Statutes. 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 96/6) DELETE Addition Change THE 1.1 TOLE HORIANOPOULOS, GEORGE L NAME 1.2 NAME 7400 U.S. HIGHWAY 19, UNIT 4 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34652** 1.4 CITY-SI-ZIP CHTY - ST. 709 DELETE 21 THLE Change Addition THLE MCCORMICK, THOMAS 2.2 NAME NAME 7400 U.S. HIGHWAY 19, UNIT 4 STREET AUDRESS 2.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** 2 4 CITY-S1-ZIP Crist. St DELETE Change Addition THE 31 TITLE NAME 3.2 NAME STREET ACRORESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP 011Y - \$1 - 7F DELETE Спапре Addition 4.1 TITLE THEF N/M 4. 2 NAME 4.3 STREET ADDRESS STREET ADDINGS 4.4 CITY - ST - ZIP CHY-SI-ZIP DELETE Addition 5.1 TITLE 1016 5.2 NAME NAMe STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THE 6.2 NAME NAMI STREET ADDRESS 6.3 STREET ADORESS 6.4 CITY-S1-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 legat effect as if made under eath; 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

tom m connick 3/4/97