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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE**PA**RTMENT OF STATE Sandr**a** B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # **P95000084712 (5)**

D. L. STRUBLE TIRE, INC. Principal Place of Business, 3600 SW 57TH COURT OCALA FL 34474	Mailing Address 3600 SW 57TH COURT OCALA FL 34474			
			3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report
2. Principal Piace of Business 21	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59335 4593	Not Applicable \$8.75 Additional
22 CIRA PL	27		5. Certificate of Status Desired	Fee Required
City & State	City & Stale	ock 2 Country	6. Election Campaign Financing	□ \$5.00 May Be
Zio Country	28 Zip B4	o elk /	Trust Fund Contribution	Added to Fees
24 32/13 25 MANION	29	000/11/9	8. This corporation has liability for in Florida Statutes	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	
JROW, CHESTER J 445 NE 8TH AVE OCALA FL 34470		83 84 City C	3 h. Strvbke ess (P.O. Box Number is Not Acceptable YA15 N H.Y 3:	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Section Signature. What or price or see of registered agent is 12. 11. Pursuant to the provisions of Sections 607.0502 or registered agent is 12. 12. OFFICERS AND TILLE NAME MAXWELL, GLENN E	BIOTILLE II BOOKS IN THE FEE	Registered Agent signature required 13. 1.1 TITLE	4-30~9 d when runstating) ADDITIONS/CHANGES TO OFFIC	DATE
STREET ADDRESS 3600 SW 57TH COURT		1.2 NAME	13, L. Strubke	
DOMA CLOSATA	1215 N Ay 301	1.2 NAME 1.3 STREET ADDRESS	18215 N HY 30	
CHY-SI-ZIP OCALA FL 34474	1716 N HY 301 21TRM Ph 32113	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	18215 N HY 30 CITAR, PC 32	
CITY-ST-ZIP SCALA FL 34474 TITE PA	3. h. STRUBKE VAIS N HY 301 CITAM, Ph. 32113 VISIDENT DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME	18215 N HY 30 CITAM, PL 32 PRESIDENT	
CITY-ST-ZIP DEALA FL 34474 TITLE PA NAME STREEL ADDRESS	7716 N Hy 301 217KM, 124 32/13 Prodest DOLLETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TITLE 2 NAME 2.3 STREET ADDRESS	18215 N HY 30 CITAR, PL 32 PRESIDENT + SOLE DIREC	
NAME STREET ADDRESS CITY-ST-7IP		1.2 NAME 1.3 STHEET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	18215 N HY 30 CITAM, PC 32 PRESIGNAT + SOLE DIREC	
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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 AND TYPED A PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

151E 4-30-96

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