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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000028955 (8) DOCUMENT # 1. Corporation Name

TIRE SOURCE, INC.

Principal Place of Business Mailing Address 3400 PROSPECT AVENUE 3500 PROSPECT AVENUE UNIT A DO NOT WRITE IN THIS SPACE NAPLES FL 34104 NAPLES FL 34104 3. Date Incorporated or Qualified 03/28/1996 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 65-0656190 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Ζiρ Ζφ This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUMES, STEVEN G 3400 PROSPECT AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 33942 83 84 City Zip 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE HUMES, OTEPHEN-NAME 1.2 NAME CR2E034 3400 PROSPECT AVENUE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 supplement 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 project 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 to a preference with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4 1 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

6.1 YITLE 6.2 NAME

DELETE

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DELETÉ

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

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NAME

TITLE

NAME STREET ADDRESS

941 6431305

Change

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Addition

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Addition

FILED

Apr 16 1998 8:00am

Secretary of State