

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000087976 (2)

1. Corporation Name

TIRE REMANUFACTURING, INC.



Principal Place of Business

SUITE 9, 4400 MARSH LANDING BLVD.
PONTE VEDRA BEACH FL 32082

Mailing Address

SUITE 9, 4400 MARSH LANDING BLVD.
PONTE VEDRA BEACH FL 32082-0201

3. Date Incorporated or Qualified

10/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 2759 WEST 5th ST

Suite, Apt. #, etc.

22 SUITE #2

City & State

23 JACKSONVILLE, FL

Zip

24 32254

Country

25 DUVAL

2a. Mailing Address

26 2759 WEST 5th ST

Suite, Apt. #, etc.

27 SUITE #2

City & State

28 JACKSONVILLE, FL

Zip

29 32254

Country

30 DUVAL

4. FEI Number

59-3411621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DUSS, JOHN S IV
#1800, 200 WEST FORSYTH STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

JOHN S. DUSS, IV

82 Street Address (P.O. Box Number is Not Acceptable)

50 N. LAURA ST., SUITE 2800

83

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOWE, DEBORAH M
STREET ADDRESS #8000, 4400 MARSH LANDING BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ DELETE

NAME HOWE, REX R
STREET ADDRESS #8000, 4400 MARSH LANDING BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ DELETE

NAME MASSANISO, PETER A
STREET ADDRESS #8000, 4400 MARSH LANDING BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ DELETE

NAME DUSS, JOHN S IV
STREET ADDRESS STE. 1600, 200 W. FORSYTH ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

830-13 A1A N, Suite 318
Ponte Vedra Beach, FL 32082

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

830-13 A1A N, Suite 318
Ponte Vedra Beach, FL 32082

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

1548 The Greens Way, Suite 6
JACKSONVILLE BEACH, FL 32250

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

50 N. LAURA ST., Suite 2800
JACKSONVILLE, FL 32202-3650

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Deborah Howe

4/25/97 9041/378-0050

CR2E034 (9/96)