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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State
06-08-1999 90013 025 ***550.00

0042342

DOCUMENT # P96000087976

1. Corporation Name
TIRE REMANUFACTURING, INC.

Principal Place of Business	Mailing Address
2759 WEST 5TH STREET STE #2 JACKSONVILLE FL 32254 US	2759 WEST 5TH STREET STE #2 JACKSONVILLE FL 32254 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/23/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3411621 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUSS, JOHN S IV
50 N LAURA STREET
STE #2800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: DUSS, JOHN S., IV
82 Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Boulevard
83
84 City: Jacksonville **FL** 85 Zip Code: 32257

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: _____ JOHN S. DUSS, IV 5/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWE, DEBORAH M		1.2 NAME		
STREET ADDRESS	830-13 A1A NO, #318		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWE, REX R		2.2 NAME		
STREET ADDRESS	830-13 A1A NO, #318		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MASSANISO, PETER A		3.2 NAME		
STREET ADDRESS	1548 THE GREENS WAY, #6		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DUSS, JOHN S IV		4.2 NAME	DUSS, JOHN S., IV	
STREET ADDRESS	50 N LAURA STREET, #2800		4.3 STREET ADDRESS	10110 San Jose Boulevard	
CITY-ST-ZIP	JACKSONVILLE F		4.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 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 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.

SIGNATURE: _____ 5/7/99 (904) 268-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN S. DUSS, IV Director

CR2E034 (11/98)