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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name
ANDREWS TIRE WAR

Principal Place of Business
2351 BEE RIDGE RD.
SARASOTA FL 34239



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State * > DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

ANDRE	WS TIRE WA	AREHOUSE, II	VC.		¥	4 ,	
Principal Place	o of Business	Mailing Ac	ldrace				
•		-					
2351 BEE RID SARASOTA FL			2351 BEE RIDGE RD. SARASOTA FL 34239			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 06/25/1997	
2. Principal Pl	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number Applied For	
21		26	26			67-076 310/ Not Applicable	
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22]			27				Fee Hequirea
City & State			<u>├</u> ──┐ ⁻	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip			Zip Country			try	8. This corporation owes or has paid the current year Intangible
24	25		29	29 30			Personal Property Tax due June 30. 💢 Yes 🗌 No
=:1	9. Name and	Address of Curr	ent Registered A	gent			10. Name and Address of New Registered Agent
• AN	DREWS, PATRI	CK D			ļ.	Name	MARIA ANDRAWS
235			l _e	Street Ad	Advance (C.O. Doy Niyeshor in Not Appointable)		
	RASOTA FL 34					2351 BER RIDER RED	
Y					[6	3	
					6	City	SALASOTA, TC FL 85 Zig Code 9
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 agont, or both, in the Syntyfol Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tamiliar virtu, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, gred of thinked harms of require red and title it applicable, (NOTE: Registered Agent signature required when reinstating) DATE 3/11/91/							
12.		OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DICK /	RES DIN	Γ	DELETE	1.1 TITE	E	Change Addition
NAME	JULILLAY.			1.21		1	
STREET ADDRESS	TREET ADDRESS 2615 BISMALL			1.3 STREET A			
CITY-ST-ZIP				SRCY TRANS 221			Change Addition
TITLE	MARIA	ANDER	es SRLY.	TRAAS	2.1 1(1)		- Orlongo - Adviron
NAME	2351	BAR RIDE	A KOAD		2.2 NAN	EET ADDRESS	
STREET ADDRESS	The due on Page			4239			20 s G
CITY-ST-ZIP TITLE	JIICKI	1011) 10	-105,	DELETE	3.1 T(TL	Y-ST-ZIP E	Change Addition
NAME				_	3.2 NAN	16	
STREET ADDRESS					3.3 STR	EET ADDRESS	
CITY-ST-ZIP					3.4. CIT	Y-ST-ZIP	G.
TITLE				DELETE	4.1 TiTL	E	Change Addition
NAME					4. 2 NA	VIE	
STREET ADDRESS					4.3 STR	EET ADDRESS	
CITY-ST-ZIP						'-ST-ZIP	
TITLE				☐ DELETE	5.1 TiTL	£	☐ Change ☐ Addition
NAME					5.2 NAN		
STREET ADDRESS		,				eet address	
CITY-ST-ZiP				DOLETE		/-ST-ZIP	Change Addition
TITLE				DELETE	61 TITL	· •	L Change L Addition
NAME					6.2 NAM		
STREET ADDRESS						EET ADDRESS	
CITY-ST-ZIP	pertify that the inf	ormation supplied	with this filing do	es not qualify	for the exer	rest-ZIP notion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 of the receiver or trustee employered 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.							