

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90017 002 ***150.00

DOCUMENT # P97000062787

1. Corporation Name
TIRECO, INC.



Principal Place of Business
2301 MAITLAND CENTER PARKWAY SUITE 240
MAITLAND FL 32751

Mailing Address
2301 MAITLAND CENTER PARKWAY SUITE 240
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

59-3458181

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2600 W. S.R. 434
Suite, Apt. #, etc.

2a. Mailing Address

26 2600 W. S.R. 434
Suite, Apt. #, etc.

23 City & State

Longwood, FL

28 City & State

Longwood, FL

24 Zip 32779

25 Country USA

29 Zip 32779

30 Country USA

9. Name and Address of Current Registered Agent

ASHTON, JAMES P
2301 MAITLAND CENTER PARKWAY SUITE 240
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name J. Michael Jones

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

2600 W. S.R. 434

83

84 City Longwood

FL

85 Zip Code 32779

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: J. Michael Jones

4-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ASHTON, JAMES P
STREET ADDRESS 2301 MAITLAND CENTER PARKWAY SUITE 240
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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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 J. Michael Jones ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 2600 W. S.R. 434
1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: J. Michael Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 407-786-1909
Date Daytime Phone #

CR2E034 (11/98)

0075529