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

**FILED** Mar 26 1998 8:00am ' PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS · 1998 P97000083820 (5) DOCUMENT # A & T TIRE SERVICES, INC. Principal Place of Business Mailing Address 340 FAIR LANE 340 FAIR LANE ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1997 2a. Mailing Address 2. Principal Place of Business Applied For <u>59-3473733</u> 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible □ No Hew 25 Personal Property Tax due June 30. ☐ Yes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TORRES, ALEXIS 340 FAIR LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32809 83 City 84 Zip Code tions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered th, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the acceptance acc 11. Pursuant to the provisions of office or registered agent agent. I am familiar with (NOTE: Registered Asset at SIGNATURE registered agent and title if applicable 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE TITLE Addition PVSI 1.1 TITLE TORRES, ALEXIS NAME 1.2 NAME 340 FAIR LANE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE TORRES, ALEXIS NAME 2.2 NAME 340 FAIR LANE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

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 finual 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 preserver 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 area changed.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS