2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P99000004280 1. Entity Name 04-26-2006 90186 048 ***150 00 GAINESVILLE TIRE SERVICE, INC. Principal Place of Business Mailing Address 4207 N.W. 6TH STREET GAINESVILLE FL 32609 4207 N.W. 6TH STREET GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3561544 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWELL, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 4207 N.W. 6TH STREET GAINESVILLE FL 32609 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition NAME ROWELL, JOANN E NAME STREET ADDRESS STREET ADDRESS 8820 N.W. 59TH STREET CITY-ST-ZIP GAINESVILLE FL 32609 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME ROWELL, WILLIAM G NAME 8820 STREET ADDRESS 96≠6 N.W. 59TH STREET STREET ADDRESS GAINESVILLE FL 32609 CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE . Change - 🔲 Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this rining does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all giber like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

04-14-06 352 372 364 2 Date Daytime Phone #