2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # \$25750 1. Entity Name .. 03-03-2004 90007 029 ***150.00 ARLINGTON TIRE AND SERVICE CENTER, INC. Mailing Address Principal Place of Business 5807 MERRILL ROAD JACKSONVILLE FL 32211 5807 MERRILL ROAD **ひせひんせひねん** JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-3043168 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, C. HOLT III Street Address (P.O. Box Number is Not Acceptable) 3100 UNIVERSITY BLVD S SUITE 101 JACKSONVILLE FL 32216 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 DATE 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. VICE PRESIDENT SERVICE Addition ☐ Change TITLE Delete TITLE NAME PRESTON, ARTHUR D III NAME KENDALL B. Thompson STREET ADDRESS 916 GROVE PARK CT STREET ADDRESS \$ 5807 MERRILL Rd JACKSDNVILLE FLA 32277 JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE PORTEOUS, JAMES W NAME STREET ADDRESS 1206 WESTDALE DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME PRESTON DAVID NAME STREET ADDRESS STREET ADDRESS 1920 DEAN RD, APT #31 CITY-ST-ZIF JACKSONVILLE FL 32216 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F PRESTON, NINA NAME NAME 12553 MASTERS RIDGE DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE JACKSON, CURTIS E NAME NAME 5807 MERRILL RD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32277 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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 other like empowered.

FILED

Mar 03, 2004 8:00 am