# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

#10

APPROVED AND FILED

07 NOV -5 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-6-07 JM

DOCUMENT # S25750

1. Entity Name
ARLINGTON TIRE AND SERVICE CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5807 MERRILL ROAD<br>JACKSONVILLE, FL 32211 | 5807 MERRILL ROAD<br>JACKSONVILLE, FL 32211 |

10092007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3043168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SMITH, C. HOLT III<br>3100 UNIVERSITY BLVD S<br>SUITE 101<br>JACKSONVILLE, FL 32216 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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)

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PRESTON, ARTHUR D III<br>916 GROVE PARK CT<br>JACKSONVILLE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPSS<br>PAMELA S. CREWS<br>5207 MERRILL RD<br>JACKSONVILLE FLA. 32277 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>PORTEOUS, JAMES W<br>1206 WESTDALE DR<br>JACKSONVILLE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400112129884<br>11/08/07--01051--017 **70.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AVP<br>PRESTON, DAVID<br>1920 DEAN RD, APT #31<br>JACKSONVILLE, FL 32216 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PRESTON, NINA<br>12553 MASTERS RIDGE DR.<br>JACKSONVILLE, FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPSS<br>COURSON, LARRY J<br>5207 MERRILL RD<br>JACKSONVILLE, FL 32277 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 other like empowered.

**SIGNATURE:** [signature] A.D. Preston III Director 7/4/07 904-743-6294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #