## 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

## DOCUMENT # CAOTAO

1. Corporation RUBBER	MART TIRE CO., INC.					
Principal Place	of Business	Mailing Address				
2310 MARKET S		3958 SAN BERNADO DR				
JACKSONVILLE	FL 32206	JACKSONVILLE FL 32217		DO NOT WRITE IN THIS	SPACE	
US		US		3. Date Incorporated or Qualifed		
				04/01/1991		
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	App	lied For
21		26		59-3059288		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	II.
22		27			Fee Req	-
City & State	e	City & State		6. Election Campaign Financing	\$5.00 N	
23		28	Country	Trust Fund Contribution	Added to	rees
Zip ,	Country	Zip	Country	8. This corporation owes the current year in		□No .
24	25		90	Personal Property Tax.  10. Name and Address of New Registered	<del></del>	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Hairie and Address of New Pogistered	- Agont	
HARI	RIS, PEGGY A.					
3958 SAN BERNADO DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	(SONVILLE FL 32217		83			
0,10,	WOOTH ELECTIVE		"			
			84 City	FL	85 Zip C	ode
		Florida Statuta	the above samed so	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its r	registered
ayeni. ra	m familiar with, and accept the obliga					
SIGNATURE	Signature of perfyr printed name of registered age	nt and title if applicable. (NOTE: R	Alut Registered Agent signature requi	ired when reinstating) DATE	uary 1.	5,1999
12.	Signature Specific pulnted name of registered age	nt and little if applicable. KNOTE: R	Registered Agent signature requi		ND DIRECTOR	
12.	Signature prooffs pylitid name of registered age OFFICERS AN	nt and title if applicable. (NOTE: R	Registered Agent signature requi	ired when reinstating) DATE		S. 1999 RS IN 12
12. TITLE NAME	Signature proof printed name of registered age OFFICERS AN D HARRIS, PEGGY A.	nt and little if applicable. KNOTE: R	Registered Agent signature requi	ired when reinstating) DATE	ND DIRECTOR	
12.	Signature of perfect printed name of registered age OFFICERS AN D HARRIS, PEGGY A. 3958 SAN BERNADO DR	nt and little if applicable. KNOTE: R	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) DATE	ND DIRECTOR	
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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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

**FILED** 

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90032 042 \*\*\*150.00