FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53727 (1)

1. Corporation Name
TRI-STATE TIRES CORP.

Principal Place of Business	Mailing Address
763 JACQUELINE LN PALM HARBOR FL 34683	763 JACQUELINE LN PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1991
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21 1651 Islip Avenue
22 Suite, Apt. #, etc.
23 City & State: C. Islip NY
24 Zip: 11722
25 Country: Suffolk

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State: N.Y.
29 Zip:
30 Country:

4. FEI Number: 59-3066561 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TROIANO, SALVATORE
763 JACQUELINE LN
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sal Troiano 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	TROIANO, SALVATORE	1.2 NAME		
STREET ADDRESS	763 JACQUELINE LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	P	☑ Change ☐ Addition
NAME	TROIANO, MICHAEL	2.2 NAME	TROIANO MICHAEL	
STREET ADDRESS	81 OAK ST.	2.3 STREET ADDRESS	32 WINNIE LN	
CITY-ST-ZIP	DEER PARK NY	2.4 CITY-ST-ZIP	BRENTWOOD 11717	
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, GERARD	3.2 NAME		
STREET ADDRESS	192 TWIN LAWNS AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD NY	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: Sal Troiano / SAL TROIANO 2/6/95 PRS 7342408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number

0356020 CP