

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S92518 (7)

1. Corporation Name

SAFE TIRE DISPOSAL CORP. OF FLORIDA



Principal Place of Business

**SUITE 500
LINCOLN CENTER
ARDMORE OK 73401**

Mailing Address

**301 W. MAIN
STE. 500
ARDMORE OK 73401
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
11/06/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
73-1393786

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

10. Name and Address of New Registered Agent

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 607.0509, Florida Statutes.

SIGNATURE

Signature typed or printed name of new agent, and the corporation, if applicable. If a new agent is registered, the signature of the new agent must be typed or printed.

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
D	HOLDEN, HAROLD H.	STE 600, LINCOLN CENTER	ARDMORE OK	☐
D	HOLDEN, H. SCOTT	STE 500, LINCOLN CENTER	ARDMORE OK	☐
AS	RUSHING, SUE	STE. 500 LINCOLN CENTER	ARDMORE OK	☐
				☐
				☐
				☐

13.

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change	☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐	☐
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	☐	☐
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP	☐	☐
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY - ST - ZIP	☐	☐
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY - ST - ZIP	☐	☐
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	☐	☐

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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, unchanged, or in an attachment with an address.

SIGNATURE: Sue Rushing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-96

405 226 0511

CR2E034 (12/95)