**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)PALM BAY TIRE, INC. Principal Place of Business Mailing Address 4570-1 BABCOCK STREET NORTHEAST 1754 S A1A PALM BAY FL 32907 SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1992 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 59-3110580 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 DEARMIN, MARY JANE 3531 SAMUEL PLACE Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32934 63 Zip Code 84 1. 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** (NOTE: Registered Agent signature required when re-instaling) Signature, typied or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE DEARMIN, MARY JANE 1.2 NAME NAME **3531 SAMUEL PLACE** 1.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32934** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change DELETE 2.1 TITLE TITLE CAUBLE, JEANNE 2.2 NAME NAME 9490 S. TROPICAL TRAIL 2.3 STREET ADDRESS STREET ADDRESS 8, MERRITT ISLAND FL 32952 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE EADMIN STEVEN R **3.2 NAME** 3.3 STREET ADDRESS 1754 S A1A STREET ADDRESS FL SATELLITE BEACH FI 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ■ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

14. Thereby 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 of 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 of in an attachment with an address.