

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2008 8:00 am
Secretary of State

02-11-2008 90047 026 ***150.00

DOCUMENT # V25438

1. Entity Name
HUB CITY TIRE COMPANY



Principal Place of Business

615 N. FERDON BLVD.
CRESTVIEW, FL 32536

Mailing Address

615 N. FERDON BLVD.
CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

66015544



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3112360

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEAGER, JAMES T
615 N. FERDON BLVD.
CRESTVIEW, FL 32536

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
MEAGER, JAMES T
7379 CORRAL ROAD
MILTON, FL 32583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MEAGER, SHELBY
7379 CORRAL ROAD
MILTON, FL 32583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

James T Meager **James T. Meager** **1-29-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
66015544
V25438
HUB CITY TIRE COMPANY, INC.
615 N. FERDON BLVD.
CRESTVIEW, FL 32536

JULY 17, 2008

DIVISION OF CORPORATION
P. O. BOX 1500
TALLAHASSEE, FL 32302

TO: WHOM IT MAY CONCERN

PLEASE FIND A COPY OF THE SIGNED ENCLOSED DOCUMENT
V25438 WHICH THE EMPLOYEE OF THE STATE CORPORATION
DIVISION SAID WAS RETURNED TO HUB CITY TIRE, CO. FOR
SIGNATURE.

I DO NOT RECALL THE DOCUMENT BEING RETURN TO MY DESK
FOR SIGNATURE. PLEASE ACCEPT THE ENCLOSED FORM AS
BEING TIMELY FILED.

THANK YOU


JAMES T. MEAGER, PRESIDENT