

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 PH 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V25726** (3)

1. Corporation Name

PAUL LEWIS TIRE WHOLESALE, INC.

Principal Place of Business

**591 PARK ST
JACKSONVILLE FL 32204**

Mailing Address

**591 PARK ST
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3115152

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, ROBERT
591 PARK STREET
JACKSONVILLE FL 32204**

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

(Signature typed or printed name of registered agent and the incorporator)

(Signature typed or printed name of registered agent and the incorporator)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LEWIS, PAULETTE A
STREET ADDRESS	591 PARK ST
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	LEWIS, PAUL II
STREET ADDRESS	591 PARK ST
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	LEWIS, ROBERT S
STREET ADDRESS	591 PARK ST
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

500001478065
05/08/95-01013-003
*******800.00 *****200.00**

14. I do hereby certify that the information supplied with this filing is voluntary, truthful, and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplement to 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, checked, or given attachment with an address.

SIGNATURE:

(Signature typed or printed name of officer or director)

(Date)

(Signature typed or printed name of officer or director)