

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 27 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F40102 (8)

1. Corporation Name
**SUN TIRE & AUTOMOTIVE SERVICE OF ORANGE PARK, IN
C.**

Principal Place of Business Mailing Address
**346 BLANDING BLVD 346 BLANDING BLVD
ORANGE PARK FL 32073 ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/09/1981** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2105093

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHER, MICHAEL W
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDS
NAME	ERICKSON, RICHARD J
STREET ADDRESS	2541 SPREADING OAKS LN
CITY - ST - ZIP	MANDARIN FL
TITLE	AS
NAME	ERICKSON, DIANE D.
STREET ADDRESS	2541 SPREADING OAKS LN
CITY - ST - ZIP	MANDARIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), Florida Statutes. I further certify that the information included in 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 9 or Block 13 in character, or in an attachment with an address.

SIGNATURE:

RICHARD J. ERICKSON
PRES.

4/20/95 (404)260-4090