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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

K44159

(7)

SUN TIRE & AUTOMOTIVE SERVICE OF TALLAHASSEE #1,



1140	•								
Principal Place	of Business	Mailing Add	ress				1 F8010111 811 8 FFF1 81831 11801	PILIFA JURI OLDIL ARRICI DILDI	A BIRIL BLAK SIGN IKO
	ONROE ST. SEE FL 32303		MONROE ST. HASSEE FL 32303						
						3.	Date Incorporated or Qualified 11/02/1988	3a. Date of Last 04/27	
2. Principal Pla	ace of Business	2a. Mailing A	Address	*************		4.	. FEI Number		Applied For
Suite, Apt. 4	t etc.	26		···			59-2914784		Not Applicable
22	, oc.	27	ot. #, etc.			5.	Certificate of Status Desired		75 Additional
City & State		City & Si	ato			6	Election Campaign Financing		e Required
23		28					Trust Fund Contribution		.00 May Be ded to Fees
<i>Z</i> ip	Country	Zip	├ ,	Country	'	8,	This corporation has liability for		
24	25 29 30 30 9. Name and Address of Current Registered Agent			·	······	Florida Statutes Yes Yo			
	9. Name and Address of Cul	rrent Registered Ag	ent			10	Name and Address of New F	legistered Agent	
EIGUE	R, MICHAEL W.			81	Name				
	NDEPENDENT SQUARE			82	Street	Address (P.O. Box Number is Not Acceptable)			
	SONMILE FL 32202			83					·····
0,1011	OTTOLL I L OLLOL								
				84	City			FI 85	Zip Code
	o the provisions of Sections 607.0 od agent, or both, in the State of F n, and accept the obligations of, S			above the corp	named co oration's	orporation s board of d	submits this statement for the pur irectors. I hereby accept the appo		registered office ad agent. I am
SIGNATURE.	is the booops the obligatoria o ; o	socion our occa, nor	ida Statutes.						
1	Signature, typed or printed name of registerup a	geof and tile Kapplicable	(NOTL: Regi	stered Ager	at signaturo n	equired when n	einstating)	DATE	The state of the s
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE	D FOIOMOON DIOMADO I		DELETE	1. 1 TITLE				☐ Change	Addition
NAME	ERICKSON, RICHARD J.		J .	1.2 NAME					
STREET ADDRESS	2541 SPREADING OAKS MANDARIN FL	LN.]	1.3 STREET	ADDRESS				
CITY - ST - 7/P TITLE	MANUANIN FL	F1		1.4 CITY - S	1-2IP				
NAME		L		2 1 TITLE				Change	Addition
STREET ADDRESS				2 2 NAME					
CITY-SI-ZIP				23 STREET	1		•		
THE	###	П	4. D 4. D	2.4 DITY-S 3. 1 TITLE	T- ZIP	·····		D 05	
NAME		L.,	1	3.2 NAME				☐ Change	Addition
STREET ADDRESS				3.3. STREE1	ADDRESS				•
CITY-ST-ZIP				3.4 CITY - S	ŀ				
TITLE			Politica program	4. 1 TITLE				[] Change	Addition
NAME			4	1.2 NAME			ETTERTO ETTERTO ETTERTO ETTERTO	. — -	
STREET ADDRESS			4	4.3 STREET	ADDRESS		-05/01/96011	13660	(
CITY+ST-ZIP				4.4 CITY-S	1 - 7IP		***200,00 	02014	1
TITLE			DELETE 5	5. 1 11 1LE				☐ Change	Addition
NAME			5	5.2 NAME	İ				
STREET ADDRESS			5	5.3 STREET	ADDRESS				
CITY - S1 - ZIP				4 CITY-S	<u>- 21P</u>				
THILE			DELETE 6	6. 1 TITLE				Change	Addition
NAMÉ			. 6	2 NAME					606R
STREET ADDRESS				3 STREET	ADDRESS				C-166
CITY - ST - ZIP	_		6	4 City - ST	- 7IP				J-1-16

14. I do hereby certry 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 diversor 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 or on an attachment with an address.

SIGNATURE

RILHARD J. ERICKUON 4/26/96 (404)643-0990