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Apr 29, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K44159

1. Corporation Name  
SUN TIRE & AUTOMOTIVE SERVICE OF TALLAHASSEE #1, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2715 N. MONROE ST.  
TALLAHASSEE FL 32303

Mailing Address  
6807 STUART LANS  
JACKSONVILLE FL 32254  
US

3. Date Incorporated or Qualified  
11/02/1988

4. FEI Number  
59-2914784

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
FISHER, MICHAEL W.  
2600 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	D ERICKSON, RICHARD J.	2541 SPREADING OAKS LN.	MANDARIN FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.2	1.3	1.4		
2.1	2.2	2.3	2.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1	3.2	3.3	3.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1	4.2	4.3	4.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1	5.2	5.3	5.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1	6.2	6.3	6.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I hereby 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 or 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/19/99 Daytime Phone #: (904) 693-0990

CR2E034 (1/98)