

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 352173 (9)

1. Corporation Name

OK TIRE STORE OF PANAMA CITY INC



Principal Place of Business

Mailing Address

3401 E. BUS HWY 98
PANAMA CITY FL 32401

3401 E. BUS HWY 98
PANAMA CITY FL 32401

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. State, Apt. #, etc.

25. State, Apt. #, etc.

29. State, Apt. #, etc.

30. State, Apt. #, etc.

9. Name and Address of Current Registered Agent

WATTS, DONALD
1903 BROWN AVE.
PANAMA CITY FL 32405

3. Date Incorporated or Qualified

09/12/1969

3a. Date of Last Report

02/23/1995

4. FEI Number

59-1270621

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

10. Name and Address of New Registered Agent

81. Name

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

83. State, Apt. #, etc.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person who completes and signs this report

Signature of Registered Agent (Required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
WATTS, DONALD
STREET ADDRESS
1903 BROWN AVE.
CITY, ST, ZIP
PANAMA CITY FL

2. TITLE ☐ DELETE

NAME
WATTS, PATRICIA B
STREET ADDRESS
1903 BROWN AVE.
CITY, ST, ZIP
PANAMA CITY FL

3. TITLE ☐ DELETE

NAME
STAATS, ROBERT B
STREET ADDRESS
229 MCKENZIE AVE
CITY, ST, ZIP
PANAMA CITY FL

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. 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)(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 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.

SIGNATURE:

Donald Watts

DONALD WATTS

Pres

2-13-96

904-785-8985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)