

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 592942 (7)

1. Corporation Name

DAVIDSON'S TIRE TOWN, INC.



Principal Place of Business

Mailing Address

% BRUCE A. MITCHELL, ESQ.  
1825 S RIVERVIEW DR  
MELBOURNE FL 32901

% BRUCE A. MITCHELL, ESQ.  
1825 S RIVERVIEW DR  
MELBOURNE FL 32901

3. Date Incorporated or Qualified  
11/03/1978

3a. Date of Last Report  
04/24/1995

4. FEI Number  
59-1872006

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

MITCHELL, BRUCE A.  
1825 SOUTH RIVERVIEW DRIVE  
MELBOURNE FL 32901

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 (if not the corporation)

(Print) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME DAVIDSON, BILLY M.  
STREET ADDRESS 402 THRUSH DR.  
CITY-ST-ZIP SATELLITE BEACH FL ☐ DELETE

TITLE VSD  
NAME DAVIDSON, MICHAEL W.  
STREET ADDRESS 625 FIRESTONE ST NE  
CITY-ST-ZIP PALM BAY FL ☐ DELETE

TITLE D  
NAME DAVIDSON, EVELYN F.  
STREET ADDRESS 402 THRUSH DRIVE  
CITY-ST-ZIP SATELLITE BEACH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: Billy M. Davidson - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-96

(407) 724-0240

CR2E034 (12/95)