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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

Mailing Address

% BRUCE A. MITCHELL, ESQ.  
1825 S RIVERVIEW DR  
MELBOURNE FL 32901-4711



3. Date Incorporated or Qualified  
11/03/1978

3a. Date of Last Report  
05/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Victor S. Kastro

82 Street Address, P.O. Box Number is Not Acceptable

1825 S. Riverview Dr

83

84 City

Melbourne

FL

85 Zip Code

32901

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

Victor S. Kastro

02-03-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

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

TITLE VSD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME DAVIDSON, MICHAEL W.  
1.3 STREET ADDRESS 625 FIRESTONE ST. N.E.  
1.4 CITY-ST-ZIP Palm Bay, FL 32907

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME DAVIDSON, Billy M.  
2.3 STREET ADDRESS 402 THRUSH DR.  
2.4 CITY-ST-ZIP SATELLITE BEACH, FL 32937

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: BILLY M. DAVIDSON AS-D. M. 02-03-97 (402) 734 0111

CR2E034 (9/96)