

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

ANNUAL REPORT  
1995



SECRETARY OF STATE  
OFFICE OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR -1 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 839837 (2)**

**DANZEY OIL AND TIRE COMPANY**

Principal Place of Business: 1021 N BELL ST  
DOTHAN AL 36303 US

Mailing Address: PO BOX 1646  
DOTHAN AL 36303 US

DO NOT WRITE IN THIS SPACE.

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/18/1978</b>  | 3a. Date of Last Report<br><b>04/20/1994</b>           |
| 4. FEI Number<br><b>63-0387060</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 24                             | Zip                 | 29                  | Zip                 |
| 25                             | Country             | 30                  | Country             |

9. Name and Address of Current Registered Agent

**BRYAN, W.W.**  
1217 COTTON ST  
GRACEVILLE FL 32440

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>P</b>                    |
| NAME           | <b>BUNTIN, KATHERINE K.</b> |
| STREET ADDRESS | <b>3402 BROOKSIDE DR</b>    |
| CITY, ST, ZIP  | <b>DOTHAN AL</b>            |
| TITLE          | <b>T</b>                    |
| NAME           | <b>KENNEDY, BENNIE D</b>    |
| STREET ADDRESS | <b>106 MARTHA AVE</b>       |
| CITY, ST, ZIP  | <b>DOTHAN AL</b>            |
| TITLE          | <b>VD</b>                   |
| NAME           | <b>SPROUSE, HENRY L</b>     |
| STREET ADDRESS | <b>1513 PLAZA DRIVE</b>     |
| CITY, ST, ZIP  | <b>DOTHAN AL</b>            |
| TITLE          | <b>SD</b>                   |
| NAME           | <b>KENNEDY, BENNIE D.</b>   |
| STREET ADDRESS | <b>106 MARTHA AVE</b>       |
| CITY, ST, ZIP  | <b>DOTHAN AL</b>            |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|    |                 |   |
|----|-----------------|---|
| 11 | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME            |   |
| 13 | STREET ADDRESS  |   |
| 14 | CITY - ST - ZIP |   |
| 21 | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 | NAME            |   |
| 23 | STREET ADDRESS  |   |
| 24 | CITY - ST - ZIP |   |
| 31 | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 | NAME            |   |
| 33 | STREET ADDRESS  |   |
| 34 | CITY - ST - ZIP |   |
| 41 | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 | NAME            |   |
| 43 | STREET ADDRESS  |   |
| 44 | CITY - ST - ZIP |   |
| 51 | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 | NAME            |   |
| 53 | STREET ADDRESS  |   |
| 54 | CITY - ST - ZIP |   |
| 61 | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 199.07(3)(b), 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 on Block 12 or Block 13 or changed, or on an attachment with an asterisk.

SIGNATURE: *Katherine K. Buntin, President* 204-95 (334) 7924159