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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F08312 (3)

1. Corporation Name

NORTH MELBOURNE TIRE, INC.



Principal Place of Business

Mailing Address

% ROBERT L DEARMIN
1754 HWY A1A
SATELLITE BEACH FL 32937

% ROBERT L DEARMIN
1754 HWY A1A
SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified

12/09/1980

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **1653 N US1**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Melbourne, FL

28

City & State

24

32935

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEARMIN, ROBERT L
1754 HWY A1A
SATELLITE BEACH FL 32937

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 and date of incorporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **DETTMER, DALE A**
STREET ADDRESS **482 N HARBOUR CITY BLVD**
CITY - ST - ZIP **MELBOURNE, FL 00000**

TITLE **P** ☐ DELETE
NAME **CAUDLE, JIMMIE**
STREET ADDRESS **9490 S TROPICAL TR**
CITY - ST - ZIP **MERRITT ISL, FL 00000**

TITLE **ST** ☐ DELETE
NAME **DEARMIN, ROBERT L**
STREET ADDRESS **3531 SAMUEL PLACE**
CITY - ST - ZIP **MELBOURNE, FL 00000**

TITLE **AD** ☐ DELETE
NAME **GENT, MICHAEL A**
STREET ADDRESS **1754 HWY A1A**
CITY - ST - ZIP **SATELLITE BCH, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Controller
Steven R. Dearmin
1754 S A1A
Satellite Beach, FL 32937

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:

Signature of Steven R. Dearmin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven R. Dearmin Controller

04-28-96

407-777-1031

CR2E034 (12/95)