

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90149 015 \*\*\*150.00

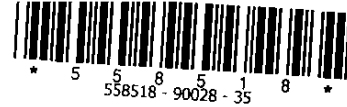
**PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000003407**  
 1. Corporation Name **DAVIDSON CHEVROLET, INC.**

Principal Place of Business Mailing Address  
**530 EASTERN AVENUE**  
**MADEN, MA 02148-4228**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/5/49

4. FEI Number

04-2075381

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**C. DAVIDSON**  
**1510 OAK HARBOR BLVD.**  
**VERO BEACH, FL 32967**

81 Name

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

SAME

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

*Gregory L. Davidson*  
 Signature, typed or printed name of registered agent and title if applicable.

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

X 5/20/99

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>GREGORY DAVIDSON</b>	
STREET ADDRESS	<b>58 BEVERLY ROAD</b>	
CITY-ST-ZIP	<b>ARLINGTON, MA</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>CHARLOTTE DAVIDSON</b>	
STREET ADDRESS	<b>1510 OAK HARBOR BLVD</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL</b>	
TITLE	<b>CLERK</b>	<input type="checkbox"/> DELETE
NAME	<b>GWEN DAVIDSON</b>	
STREET ADDRESS	<b>46 BEVERLY ROAD</b>	
CITY-ST-ZIP	<b>ARLINGTON, MA</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>GREGORY DAVIDSON</b>	
STREET ADDRESS	<b>58 BEVERLY ROAD</b>	
CITY-ST-ZIP	<b>ARLINGTON, MA</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>CHARLOTTE DAVIDSON</b>	
STREET ADDRESS	<b>1510 OAK HARBOR BLVD.</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>GWEN DAVIDSON</b>	
STREET ADDRESS	<b>46 BEVERLY ROAD</b>	
CITY-ST-ZIP	<b>ARLINGTON, MA</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*Gregory L. Davidson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Gregory L. Davidson**

President

4/22/99

(781) 321-1450

Date

Daytime Phone #

CR2E034 (1/98)