

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000003701

1. Entity Name
BIG 10 TIRE STORES, INC.



Principal Place of Business
**3938 GOVERNMENT BLVD, SUITE
SUITE 102
MOBILE, AL 36693-4315 US**

Mailing Address
**3938 GOVERNMENT BLVD, SUITE
SUITE 102
MOBILE, AL 36693-4315 US**



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1130071

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000133210
04/27/04-80077-018 158.75**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEMMEMER, DON
STREET ADDRESS 3938-A GOVERNMENT BLVD, SUITE 102
CITY-ST-ZIP MOBILE, AL

TITLE VD
NAME WILSON, JAMES W III
STREET ADDRESS 4121 CARMICHAEL RD, SUITE 501
CITY-ST-ZIP MONTGOMERY, AL 36106

TITLE VD
NAME WILSON, WILLIAM B
STREET ADDRESS 4121 CARMICHAEL RD, SUITE 501
CITY-ST-ZIP MONTGOMERY, AL 36106

TITLE DC
NAME WILSON, JAMES W JR
STREET ADDRESS 4121 CARMICHAEL RD, SUITE 501
CITY-ST-ZIP MONTGOMERY, AL 36106

TITLE ST
NAME BURGESS, J. MICHAEL
STREET ADDRESS 3938-A GOVERNMENT BLVD, SUITE 102
CITY-ST-ZIP MOBILE, AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #