

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90168 036 ***150.00

DOCUMENT # **K82748**

1. Corporation Name

DAVE WHITE'S AUTOSPORTS OF TAMPA, INC.



Principal Place of Business

% DAVID K. WHITE, SR.
4320 W. OSBORNE AVE.
TAMPA FL 33614

Mailing Address

% DAVID K. WHITE, SR.
4320 W. OSBORNE AVE.
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1989

4. FEI Number

59-3035287

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 % DAVID K. WHITE, SR.

Suite, Apt. #, etc.

22 **5217 W. HILLSBOROUGH AVE**

City & State

23 **TAMPA, FL**

Zip Country

24 **33634** 25 **USA**

2a. Mailing Address

26 % DAVID K. WHITE, SR.

Suite, Apt. #, etc.

27 **5217 W. HILLSBOROUGH AVE**

City & State

28 **TAMPA, FL**

Zip Country

29 **33634** 30 **USA**

9. Name and Address of Current Registered Agent

WHITE, DAVID K., SR.
4320 W. OSBORNE AVE.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

WHITE, DAVID K. SR

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

5217 W. HILLSBOROUGH AVENUE

83

84 City

TAMPA

FL

85 Zip Code

33634

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **WHITE, DAVID K., SR.**
CITY-ST-ZIP **4320 W. OSBORNE AVE**
TAMPA FL

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **WHITE, DONNA J.**
CITY-ST-ZIP **4320 W. OSBORNE AVE**
TAMPA 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **5217 W. HILLSBOROUGH AVENUE**
1.4 CITY-ST-ZIP **TAMPA FL 33634**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **5217 W. HILLSBOROUGH AVENUE**
2.4 CITY-ST-ZIP **TAMPA FL 33634**

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 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: **Donna J. White** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-99
Date

813 885-6311
813 874-1911
Daytime Phone #

CR2E034 (11/98)