

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000087 (8)

1. Corporation Name

BREVARD TIRE DEALERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**15 W HIBISCUS BLVD
MELBOURNE FL 32901**

**15 W HIBISCUS BLVD
MELBOURNE FL 32901**

3. Date Incorporated or Qualified
11/02/1992

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD, PAMELA A
15 W HIBISCUS BLVD
MELBOURNE FL 32901**

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 617.0502 and 617.1508, 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 617.0503, 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	P	<input type="checkbox"/> DELETE
NAME	TIDWELL, JOHN T.	
STREET ADDRESS	15 W. HIBISCUS BLVD.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FITZGERALD, PAM	
STREET ADDRESS	15 W HIBISCUS BLVD.	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOBBITT, DANNY	
STREET ADDRESS	730-B WEST KING ST.	
CITY - ST - ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOCK, STEVE	
STREET ADDRESS	510 N. COCOA BLVD.	
CITY - ST - ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITTINGTON, MIKE	
STREET ADDRESS	611-4 WASHBURN RD.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V.P. MIKE GREEN % HUNTER ENGINEERING
3.3 STREET ADDRESS	9318 E. COLONIAL DR #101
3.4 CITY - ST - ZIP	ORLANDO, FL 32817
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pamela A Fitzgerald PAMELA A FITZGERALD 4/16/96 407-676-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY/TREASURER Date Daytime Phone #

CR2E037 (12/95)