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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000091231 (8)

1. Corporation Name
DON'S TIRE DC AUTOMOTIVE, INC.

Principal Place of Business
**23245-B HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980**

Mailing Address
**23245-B HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980**

3. Date Incorporated or Qualified 12/15/1994	3a. Date of Last Report 05/12/1995
4. FET Number APPLIED FOR 65-0575908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business 21 4145 WHIDDEN BLD., #566	2a. Mailing Address 26 4145 WHIDDEN BLD., #566
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State CHARLOTTE HARBOR	28 City & State CHARLOTTE HARBOR
24 Zip 33980	29 Zip 33980
25 Country CHARLOTTE	30 Country CHARLOTTE

9. Name and Address of Current Registered Agent

**OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA FL 33950**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0612 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE _____ (Block 12) Registered Agent (see Block 10 when not changing) _____ (Block 13)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTSON, DON	1.2 NAME	
STREET ADDRESS	27048 OMNI LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL 33983	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNER, WARREN	2.2 NAME	
STREET ADDRESS	158 BUCKEYE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed or given attachment with this address).

SIGNATURE: *Donald Albertson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD E ALBERTSON

5/8/96 941-743-5309
(Tel.) (Business Phone #)

CR2E034 (12/95)