FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703605 (6)

1. Corporation Name

CENTRAL FLORIDA AUTO DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7380 SAND LAKE RD SUITE 500 ORLANDO FL 32819	7380 SAND LAKE RD SUITE 500 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1961
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1111836 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

G. CHARLES WOHLUST
230 LOOKOUT PLACE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	BROWN, WILLIAM D	1.2 NAME		
STREET ADDRESS	6239 S ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	NAHAS, GEORGE E.	2.2 NAME		
STREET ADDRESS	200 E. BURLEIGH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP		
TITLE	PCD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HOLLER, ROGER W. III	3.2 NAME		
STREET ADDRESS	860 W. FAIRBANKS AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP		
TITLE	M	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, BARBARA A.	4.2 NAME		
STREET ADDRESS	7380 SAND LAKE RD STE 500	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	STD	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	WILLIAMSON, JOSEPH M	5.2 NAME		
STREET ADDRESS	2830 N ORANGE BLOSSOM TRAIL	5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Delete - NO Longer a Director	☒ Change ☐ Addition
NAME	PARKS, STEPHEN R	6.2 NAME		
STREET ADDRESS	3505 N HIGHWAY 17-92	6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Miller 3/1/95 407/352-5243
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

BARBARA A. MILLER

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