

FILE-NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DEPT. OF CORPORATIONS

95 MAY -1 PM 1:14

DOCUMENT # **706124 (5)**
TAMPA NEW AUTO DEALERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4907 LYFORD CAY ROAD TAMPA FL 33629**
Mailing Address: **4907 LYFORD CAY ROAD TAMPA FL 33629**

3. Date Incorporated or Qualified: **09/06/1963** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1059589** 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 § 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**ADAMS, JAMES D.
7300 W. CAMINO REAL
SUITE 224
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: _____

12. OFFICERS AND DIRECTORS	
TITLE: PP	ULM JR, JERRY 2966 N DALE MABRY TAMPA FL
TITLE: EVP	WILSON III, GEORGE O 4907 LYFORD CAY RD TAMPA FL
TITLE: DM	GOMEZ, EDWARD 8751 ADAMO DR TAMPA FL
TITLE: D	PARKS, RONALD 10505 N. FLORIDA AVENUE TAMPA FL
TITLE: D	WHITLEY, ROGER 11300 N. FLORIDA AVENUE TAMPA FL
TITLE: MALOUF, THOMAS	1720 E HILLSBOROUGH AVE TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: S/T	Ralph Ghioto <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME: Ralph Ghioto	4400 N Dale Mabry Hwy
13 STREET ADDRESS: 4400 N Dale Mabry Hwy	Tampa FL
14 CITY, ST, ZIP: Tampa FL	
21 TITLE: P	ULM JR, Jerry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: ULM JR, Jerry	2966 N. Dale Mabry Hwy
23 STREET ADDRESS: 2966 N. Dale Mabry Hwy	Tampa FL
24 CITY, ST, ZIP: Tampa FL	
31 TITLE: V P	Carl Lindell JR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME: Carl Lindell JR	3700 W Kennedy Blvd
33 STREET ADDRESS: 3700 W Kennedy Blvd	Tampa FL
34 CITY, ST, ZIP: Tampa FL	
41 TITLE: D	Gomez Edward <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME: Gomez Edward	8751 Adamo Dr
43 STREET ADDRESS: 8751 Adamo Dr	Tampa FL
44 CITY, ST, ZIP: Tampa FL	
51 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME: _____	
53 STREET ADDRESS: _____	
54 CITY, ST, ZIP: _____	
61 TITLE: D	Romano Jack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME: Romano Jack	4636 N Dale Mabry Hwy
63 STREET ADDRESS: 4636 N Dale Mabry Hwy	Tampa FL
64 CITY, ST, ZIP: Tampa FL	

EXPIRES BY MAY 1

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 110.02(3)(b), 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: *George O. Wilson III* **George O. WILSON III** 4/24/95 813 256-0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR