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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **748908** **(1)**

1. Corporation Name

FLORIDA AUTOMOBILE DEALERS ASSOCIATION

Principal Place of Business	Mailing Address
505 NORTH MILLS AVENUE P.O. BOX 531124 ORLANDO FL 32853	505 NORTH MILLS AVENUE P.O. BOX 531124 ORLANDO FL 32853-1124

3. Date Incorporated or Qualified: **09/13/1979**
3a. Date of Last Report: **03/05/1996**

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

4. FEI Number: **59-0245515** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JEFFRIES, DAVID D.
505 NORTH MILLS AVENUE, P.O. BOX 6124-C
P.O. BOX 531124
ORLANDO FL 32853

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 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BLAKE, C L	1.2 NAME	Ray, William D
STREET ADDRESS	30401 SOUTH FEDERAL HWY	1.3 STREET ADDRESS	2724 North Hwy 17-92
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Longwood FL
TITLE	PED ☒ DELETE	2.1 TITLE	PED ☒ Change ☐ Addition
NAME	RAY, WILLIAM D	2.2 NAME	Kopp, Ernest A Jr
STREET ADDRESS	2724 NORTH HWY 17-92	2.3 STREET ADDRESS	701 Fisk Street, Suite 310
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Jacksonville FL
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JEFFRIES, DAVID D.	3.2 NAME	
STREET ADDRESS	505 N. MILLS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	STD ☒ DELETE	4.1 TITLE	STD ☒ Change ☐ Addition
NAME	KOPP, ERNEST A JR	4.2 NAME	Mueller, Ronald J
STREET ADDRESS	701 FISK STREET, SUITE 200	4.3 STREET ADDRESS	13525 U.S. Highway 19 North
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Clearwater FL
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David D. Jeffries — David D. Jeffries — 3/10/97 — 407-896-7371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017933