

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, UNPAID AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

**DOCUMENT # N32251 (3)**  
 1. Corporation Name  
**MARION COUNTY TIRE DEALERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 210 W. SILVER SPRGS BLVD 210 W. SILVER SPRGS BLVD  
 Ocala FL 34470 Ocala FL 34470  
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1989** 3a. Date of Last Report **05/01/1994**  
 4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 3000 N.W. PINE AVE 25 3000 N.W. PINE AVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 23 Ocala, FL 27 28 Ocala FL  
 City & State City & State  
 24 34475 25 Marion 29 34475 30 Marion  
 Zip Country Zip Country

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  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 100.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 MANSFIELD, DORSEY  
 210 W SILVER SPRINGS BLVD  
 Ocala FL 32870

10. Name and Address of New Registered Agent  
 81 Name **JOE INGRAD**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3000 N.W. PINE AVE**  
 83  
 84 City **Ocala** FL 85 Zip Code **34475**

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 **Joe Ingrad Pres.** DATE **7/27/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MANSFIELD, DORSEY</b>
STREET ADDRESS	<b>210 W SILVER SPRGS BLVD</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>SD</b>
NAME	<b>GRIGGS, ERNEST</b>
STREET ADDRESS	<b>424 S MAGNOLIA AVE</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>VD</b>
NAME	<b>INGRAD, JOE</b>
STREET ADDRESS	<b>31000 NW PINE AVE</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>TD</b>
NAME	<b>KNOBLOCK, VICTOR F.</b>
STREET ADDRESS	<b>221 W SILVER SPRGS BLVD</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOE INGRAD</b>	
1.3 STREET ADDRESS	<b>3000 N.W. PINE AVE</b>	
1.4 CITY - ST - ZIP	<b>OCALA, FL 34475</b>	
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	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ROBERT GARZA</b>	
3.3 STREET ADDRESS	<b>10950 S.E. HWY 441</b>	
3.4 CITY - ST - ZIP	<b>BELLEVIEW, FL 34422</b>	
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: **Victor F. Knoblock** DATE: **7/13/95 (901) 622-8141**

CR2E037 (3/95)