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Mar 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32251**
1. Corporation Name
MARION COUNTY TIRE DEALERS ASSOCIATION, INC.

Principal Place of Business 10950 SE HWY 441 BELLEVIEW FL 34420 US	Mailing Address 10950 SE HWY 441 BELLEVIEW FL 34420 US
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2. Principal Place of Business 21 3000 NW Pine Ave	2a. Mailing Address 26 3000 N.W. Pine Ave	3. Date Incorporated or Qualified 05/11/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23 OCALA FL.	City & State 28 OCALA, FL.	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24 344705	Country 25 MARION	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29 344705	30 MARION	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
GAZDA, ROBERT L
10950 SE HWY 441
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent
81 Name **INGRAD, JOE**
82 Street Address (P.O. Box Number is Not Acceptable)
3000 N.W. Pine Ave
83
84 City **OCALA** FL 85 Zip Code **344705**

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 *Joseph Ingrad* (NOTE: Registered Agent signature required when reinstating) DATE **3/24/99**

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GAZDA, ROBERT L.
STREET ADDRESS	10950 SE HWY 441
CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	SD <input type="checkbox"/> DELETE
NAME	GRIGGS, ERNEST
STREET ADDRESS	424 S MAGNOLIA AVE
CITY-ST-ZIP	OCALA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	INGRAD, JOE
STREET ADDRESS	3000 NW PINE AVE
CITY-ST-ZIP	OCALA FL 34470
TITLE	TD <input type="checkbox"/> DELETE
NAME	KNOBLOCK, VICTOR F.
STREET ADDRESS	221 W SILVER SPRGS BLVD
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	INGRAD, JOE
1.3 STREET ADDRESS	3000 NW PINE AVE
1.4 CITY-ST-ZIP	OCALA FL 34470
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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DORSEY MAUSFIELD
3.3 STREET ADDRESS	210 W. Silver Springs Blvd
3.4 CITY-ST-ZIP	OCALA, FL 34475
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 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, with all other like empowered.

SIGNATURE: *Victor F. Knoblock* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **3/23/99** (352) 622-819