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CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N51259 (2)**
1. Corporation Name
GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**% LAW OFFICE OF JAMES D ADAMS
7300 W CAMINO REAL
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/12/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3148462** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **4907 Lyford Cay Road** 26 **4907 Lyford Cay Road**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Tampa, Florida** 28 **Tampa, Florida**

24 Zip **33629** 25 Country **US** 29 Zip **33629** 30 Country **US**

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

9. Name and Address of Current Registered Agent
**ADAMS, JAMES D
% LAW OFFICE OF JAMES D ADAMS
7300 W CAMINO REAL #224
BOCA RATON FL 33433-9984**

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. (None) Registered Agent signature required when applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR MUELLER RON 13525 US HWY 19 NORTH CLEARWATER FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR PARKS RONALD 10505 N FLORIDA AVE TAMPA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/S/T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS JACK 224 3RD ST SW ST PETERSBURG FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Hugh Rennie 3333 38th Avenue North St. Petersburg, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE THOMAS 1700 W HILLSBOROUGH AVE TAMPA FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Jerrv Ulm, Jr. 2966 North Dale Mabry Highway Tampa, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOOLEY DALE 27365 US 19 NORTH CLEARWATER FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D AL Leo 9400 US 19 N Pinellas Park FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN ROBERT 1728 W BRANDON BLVD BRANDON FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Steve Carlile 2085 Gult to Bay Clearwater FL

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 as an attachment with an address.

SIGNATURE: *Boyer O. Wilh...* 3/23/95 813-286-0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)