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05-06-1999 90199 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51259

1. Corporation Name
GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION, INC.

Principal Place of Business
4907 LYFORD CAY RD
TAMPA FL 33629
US

Mailing Address
4907 LYFORD CAY RD
TAMPA FL 33629
US



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25) 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30) 3. Date Incorporated or Qualified (10/12/1992) 4. FEI Number (59-3148462) 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)

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
85 Zip Code (FL)

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 signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|-------------------------|
| TITLE | D [] DELETE | 1.1 TITLE | [] Change [] Addition |
| NAME | QUINLAN, JERRY | 1.2 NAME | |
| STREET ADDRESS | 15005 U. S. HWY 19 N | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | |
| TITLE | D [] DELETE | 2.1 TITLE | [] Change [] Addition |
| NAME | PARKS RONALD | 2.2 NAME | |
| STREET ADDRESS | 10505 N FLORIDA AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | P [] DELETE | 3.1 TITLE | [] Change [] Addition |
| NAME | BELVISO, MARK | 3.2 NAME | |
| STREET ADDRESS | 2339 GULF TO BAY BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER F | 3.4 CITY-ST-ZIP | |
| TITLE | D [] DELETE | 4.1 TITLE | [] Change [] Addition |
| NAME | DOUGLAS, WILLIAM | 4.2 NAME | |
| STREET ADDRESS | 2500 34TH ST N | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | ED [] DELETE | 5.1 TITLE | [] Change [] Addition |
| NAME | WILSON III, GEORGE O | 5.2 NAME | |
| STREET ADDRESS | 4907 LYFORD CAY ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D [] DELETE | 6.1 TITLE | [] Change [] Addition |
| NAME | LEO, AL | 6.2 NAME | |
| STREET ADDRESS | 9400 US HWY 19 N | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PARK FL | 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/29/99
Daytime Phone #: 286-0245

CR2E037 (11/98)