

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731575

**FILED**  
**Mar 22, 2022**  
**Secretary of State**  
**8751032038CC**

**Entity Name:** FLORIDA AUTO DISMANTLERS AND RECYCLERS ASSOCIATION, INC.

**Current Principal Place of Business:**

14015 FAIRWAY WILLOW LANE  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

14015 FAIRWAY WILLOW LANE  
WINTER GARDEN, FL 34787

**FEI Number: 51-0189513**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

O'DELL, KIM  
14015 FAIRWAY WILLOW LANE  
WINTER GARDEN, FL 34787 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCMILLON, SHAN  
Address PO BOX 236755  
City-State-Zip: COCOA FL 32923

Title DIRECTOR  
Name MCMILLON, TIM  
Address 3100 N. SPARKMAN AVENUE  
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR  
Name LINDROS, GARY  
Address P.O. DRAWER 50278  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title PRESIDENT  
Name QUARNO, TONY  
Address 550 QUARNO ROAD  
City-State-Zip: COCOA FL 32927

Title ASSOCIATE REPRESENTATIVE  
Name GRADY, JASON  
Address 5145 LETOURNEAU CIRCLE  
City-State-Zip: TAMPA FL 33610

Title EXECUTIVE DIRECTOR  
Name ODELL, KIMBERLY  
Address 14015 FAIRWAY WILLOW LANE  
City-State-Zip: WINTER GARDEN FL 34787

Title VP  
Name RIFFEL, PHIL  
Address 7623 US HWY 98 N.  
City-State-Zip: LAKELAND FL 33809

Title SECRETARY/TREASURER  
Name SIX, ROBERT (BO)  
Address 4950 W. NORVELL BRYANT PARKWAY  
City-State-Zip: CRYSTAL RIVER FL 34429

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KIMBERLY ODELL**

**EXECUTIVE DIRECTOR**

**03/22/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRAVES, JEREMY  
Address 11607 OSSIE MURPHY ROAD  
City-State-Zip: SAN ANTONIO FL 33576

Title DIRECTOR  
Name RODRIGUEZ, EDUARDO  
Address 3641 NW 46TH STREET  
City-State-Zip: MIAMI FL 33142

Title DIRECTOR  
Name VERTUCCI, GERRY  
Address 20011 PLEASANT MEADOW LANE  
City-State-Zip: PURCELLVILLE VA 20132

Title DIRECTOR  
Name GROSE, DOUG  
Address 9910 HOUSTON AVENUE  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name BUTLER, JIM  
Address 6401 N. PALAFOX STREET  
City-State-Zip: PENSACOLA FL 32503

Title ASSOCIATE REPRESENTATIVE  
Name SVENDSEN, JAY  
Address 1830 EAST PARK AVENUE  
SUITE 1  
City-State-Zip: TALLAHASSEE FL 32301