2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90118 019 ****61.25

DOCUMENT # 708018

1. Entity Name
THE FLORIDA AUTOMOTIVE WHOLESALERS ASSN., INC.

Principal Place of Business	Mailing Address
550 W. BUMBY AVE., STE 215 ORLANDO, FL 32803	PO BOX 533009 ORLANDO, FL 32853-3009

44052332

09022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
15619 Premiere Dr	15619 Premiere Dr
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: 101
City & State: Tampa FL	City & State: Tampa FL
Zip: 33624 Country: USA	Zip: 33624 Country: USA

4. FEI Number: 59-0759240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EHRHARD, GEORGE ~~D.~~ E.
550 N. BUMBY AVE., #215
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name: Ehrhard, George E.
Street Address (P.O. Box Number is Not Acceptable): 15619 Premiere Dr
Suite # 101
City: Tampa FL Zip Code: 33624

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: George Ehrhard 9/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOMEZ, MANNY 3535 NW 7TH ST. MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Eileen Sottile 11701 NW 101st Rd Ste#1 Medley, Fl 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRATHER, JOEL 6422 N HWY 98 PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas. C. Victor Davis 820 NW 27th Ave Ocala, Fl 34475	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, VIC 820 NW 27TH AVE. OCALA, FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Craig Pate 209 S. Main St. Belle Glade, Fl 33430	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEEGAN, SUSAN 201 S. 78TH ST. TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Steve Wiggins 116 W. 15th St. Panama City, Fl 32401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED George E. Ehrhard 15619 Premiere Dr. Ste#101 Tampa, Fl 33624	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Ehrhard 9/3/04 (813)962-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #