FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 726483

AUTOMOTIVE SERVICE ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 217

P.O. BOX 217

INDIAN ROCKS BCH. FL 33785-217

INDIAN ROCKS BCH. FL 34635-0217

FILED Apr 16, 1999 8:00 am § Secretary of State

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_2Principal_Pl	lace of Business	2aMailing Address		ر ماکند ورون						
21 P.O.	Box 217	26 P.O. Box 217	7		05/23/1973					
Suite, Apt.		Suite, Apt. #, etc.			4. FEI Number	Apr	plied For			
22		27			23-7408710	No	t Applicable			
City & State City & State					5. Certificate of Status Desired	\$8.75 A				
23 Indian Rocks Beach, FL 28 Indian Rocks Beach					Fee Required					
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	•			
24 33785-0	0217 25 US	29 33785-0217 30	<u>US</u>		Trust Fund Contribution	Added to	o Fees			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent				
					81 Name					
TOOMEY.	DONALD L		82	82 Street Address (P.O. Box Number is Not Acceptable)						
	ROFT DR. SOUTH									
LARGO F			83							
			84	City		85 Zip C	Code			
					<u>Fl</u>	- `	_			
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above	-named c	corporation submits this statement for the purpose o	f changing its	registered			
office or r	registered agent, or both, in the State im⊿amiliar)with, and accept the obliga	of Florida. Such change was auth ations of, Section 617,0503, Florida	ionzed by a Statutes	tne corpoi	ration's board of directors. I hereby accept the appo	#	Jistereu			
•	(1)	Frennik	1800	クファファ	4/02	199				
SIGNATURE	Signature, typed or printed name of registered age	int and title a applicable. (NOTE: Re	gistered Ager	nt signature re	quired when reinstating) L DATE C					
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A					
TITLE	D	→ □ DELETE	1.1 TITLE		D	☐ Change	Addition Addition			
NAME	ZWALINA, DAVID R		1.2 NAME		Don Stone					
STREET ADDRESS	785 S HWY, #17-92		1.3 STREET	T ADDRESS	735 SE Monterey Rd. #3					
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	Stuart, FL 34994					
TITLE			21 TITLE			☐ Change	Addition			
NAME	ELDER, CHARLES		2.2 NAME							
STREET ADDRESS	2461 GREER RD		2.3 STREE	TADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-5	ST-ZIP		,				
TITLE	D	⊠ DELETE	3.1 TITLE			Change	Addition			
NAME	CONDE, DEBI		3.2 NAME							
STREET ADDRESS	141 WEST WINDHORST		3.3 STREE	TADDRESS						
CITY-ST-ZIP	BRANDON FL 33510	,	3.4. CITY-S	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition			
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS						
CITY-ST-ZIP			4.4 CITY-S							
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition			
NAME		_	5.2 NAME							
STREET ADDRESS			5.3 STREE	TADORESS						
CITY-ST-ZIP		1	5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Additio			
NAME			6.2 NAME			_ •				
				T ADDRESS						
STREET ADDRESS	}	,	6.4 CITY-S	ĺ	•					
CITY, ST. 7ID	I	•	5 0.4 UIIY∙S	1-44						

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:

EDE STONG - Thes